STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

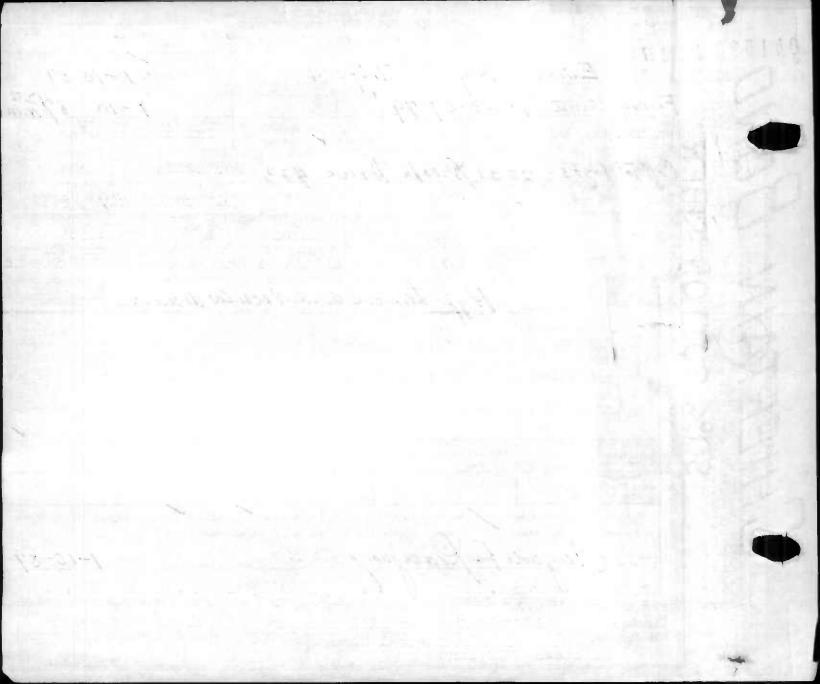
9	1 - STATE REGISTRAR MET	DICAL EXAMINER'S CEI	RTIFICATE OF DEATH	2 / 0 /							
A	TOECEASED NAME FIRST (TYPE OR PRINT) Esther Man	y Clr4fo	Pa. DATE KNOWN OF ESTI- DEATH MATED	1-181987 M							
7	Finale Whote 5. Date of BIRTH JOAN 17. CITIZEN OF WHOM WASHINGTON DC USA	YEAR 6. AGE (IN YEAR) UNDE LAST BIRTHDA 1 MONTHS INTO THE LAST BIRTHDA 1 MONTHS BIRTHDA 1 MONTH	DAYS HOURS MIN. PRONOUNCED DEAD NEVER MARRIED . 9. BALTIMORE CITY OR Prince G	COUNTY OF DEATH GEORGE'S							
)	Copilal Hats. 2031	PITAL NURSING HOME OR OTHER LIGHT STREET HORESS! WIND THE STREET HORESS!	INSTITUTION 120 USUAL OCCUPATION (TYPE O	F WORK 12b KIND OF BUSINESS OF INDUSTRY							
200	Harvand Proute or other institution on	Capitor Hgts	d. INSIDE CITY LIMITS? 132STEET ADDRESS OKS	Drive #423							
	John A MIDDLE	Many		Crutchet							
	160, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		illian I Christensen	linton Md 5903 White Ct							
	Canditions, if any, which gave use to immediate cause (a) stating the underlying cause last. (c) PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	AS A CONSEQUENCE OF	CONDITION GIVEN IN PART 1 (a).								
7	THE	ION FOR WHICH OPERATION WAS		20 AUTOPSY? YES □ NO 🗗							
	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE O STREET, FACTO AT WORK AT WORK 220. I certify that I taak charge of the remains less death resulted fram: Natural causes ACTUAL SIGNATURE	DDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK OR COUNTY STATE AT WORK AT WORK OR COUNTY STATE AT WORK AT WORK OR COUNTY STATE OR COUNTY STATE AT WORK OR COUNTY STATE									
	EXAMINER'S NAME Migusto P. Ro (TYPE OF PRINT) Migusto P. Ro 230.BURIAL, CREMATION, REMOVAL 23b. DATE	odrigue, M.D. ADI	DRESS 5009 Rayburn Ct , Tem] REMATORY [234 LOCATION]								
	Burial 14Jan198	7 Cedar Hill (Cemetery Suitland	Maryland							

07/84 25M **DHMH - 17**

VP ... " AE (5))

°Maryland

24 FUNERAL DIRECTROBERT E Suitland Wilhelm Funeral Home Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



BP. DHMH - 16 60M

(VRA 15, 4)

1					STATI	OF MARYLAN	D				
	FOR STATE REGISTRAR			DEPART		EALTH AND ME		IENE 8 /	0	2 /	10
5	ILDECEASED VAME	FIRST	MID	DLE	i	AST		20 DATE OF DEATH		DAY YEAR 2	26 HOUR
	TYPE OR PRINTI	idhe	es)		DA	KLey			1 /	11 87	5 PM
	3. SEX		RACE		5. DATE C			6 AGE (IN YEARS LAST BI			IF UNDER 24 HRS
	male		Whi	te	12	05	12	74.	YRS	MONTHS DAYS	HOURS MIN.
100	JEBIRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF WI	HAT COUNTRY	? B.	D NEVER MA		9. BALTIMORE CITY	R COUNTY		
1	Maryland		USA		WIDOWE		RCED	Prince Ge	orge C	County	MD
100	10 CITY OR TOWN OF DE	ATH 1				R OTHER INSTIT	NOITU	120 USUAL OCCUPAT		12b. KIND OF INDUSTRY DI IVAL	BUSINESSOR
	Riverdale		Leeland			pital		pharmacis	t	privat	е
7	USUAL RESIDENCE (IF NUR 130. STATE Md	13h COUNT	Y 11:	R CITY OR TON	WN	13d INSIDE CITY	LIMITS?	3 STREET ADDRESS	ZIP CODE	00707	
7		Princ	e George	e Belts	ville	1-0	10 &		il St.	20705	
1	14. FATHER'S NAME	Mil	DDLE	Coak	7	15 MOTHER'S N	naiden na <i>i</i> inie	ME		Batz	
/	Joseph		M					ADDR	r.c.c	Batz	er
	NO NO OR UNKNOWN)		WAR OR DATES)	577_0	5-9013	17 INFORMANT			as #1	13	
	NO			211-0	7-7017	1101 011110	7011 00	anicy bame	αρ // I		ATE INITEDICAL
	PART I. DEATH V	H (Enter only	ane cause per lir BY:	ne far (a), (b), a	ind ich	1 11	. 5	anction		BETWEEN ON	ATE INTERVAL
		IMMEDIATE	CAUSE (a)	nyou	cara	lial 1	4/6	ANCHON	1		days
			DUE TO, OR	AS A CONSEQU	UENCE OF	10 1	-	deovascula	1 0	1	0000
	Conditions, if any gave rise to im		(b)	rren	1034	-eronc	an	a covarcula,	· Wist	care 7.	cany
5.	cause (o), stoti	ng the	DUE TO, OR	AS A CONSEQU	UENCE OF					1-1-17	
	underlying cause		((c)								
		NIFICANT CO	NDITIONS CON	TRIBUTING TO	DEATH BUT			on PNEUL	-		
_	190 DATE OF OPERA NA 210. ACCIDENT WAS UN	hic L	19h. CONDITI	VETER	DI IS	N WAS PERFORM	rati	20a AUTOPSY?		, WERE FINDING	25 LISED
J	DATE OF OFER	TION	170. CONDITI	OI410K WINC	HOLKAHO	IN WASTERIOR	, LD		IN CERTIFY	YING CAUSES O	
2	71g. ACCIDENT WAS UN	DERLYING [7]	21b. TIME OF	INJURY		21c HOW INJU	IRY OCCURE	YES NO			NO []
P	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.		DAY YEAR	NIA					
	(IF EITHER NOTIFY MED 21d. INJURY OCCUR		P.M.	IN ILIPY	19	211. LOCATION					
	WHILE NO! W	HILE		T, FACTORY, OFFICE	FARM ETC)	STREET		CITY OR T)WN	COUNTY	STATE
			I) estanded the	dataset from	11	5	10 87	10 1/1	/	10 57 1	nat (I) (we) last
П	220.1 certify that (1 saw the decea		i) arrended the	19_	87.0	nd that in (my) (o	ur) apinion	death occurred an the c	late and hour		
Ш	above, (l) (we)	did) (did nat)	view the bady at	ter death.		DEGREE				22c. DATE S	
	1	26	10/11	100	2.0	AAA ATT	ENDING _	MEDICAL STA		1/11	
	22d PHYSICIAN'S N	AAAE (TYPE OP)	new points	JUL	TVU	22e. ADDRESS	YSICIAN L	DIRECTOR PHYSI	CIAN	1 / //	^ / 0 /
	Parl	AME THE OK		MI	\	4212/	11000	Charle Pd	1 Uic	H.S. 16	MA
	VAN (T)	- 175				1430	TOPIOL	soury Na	1749	1100116	7075
	230. BURIAL, CREMATION Burial	, REMOVAL	1/14/			EMETERY OR CR Lincoln	Como+	ery Brentwo	od Pre	ince Cec	rgestalled
								E REC'D. BY REGISTRA			
4	Donate V. B	orgwar	d+ 4400	Powders	Mill F	Rd	JAN	1 4 1987	la Du	ordern. Read	lace
		Puct	Belt	Svilla	Md 20'	705	אועופ	- 1 1001		-	-

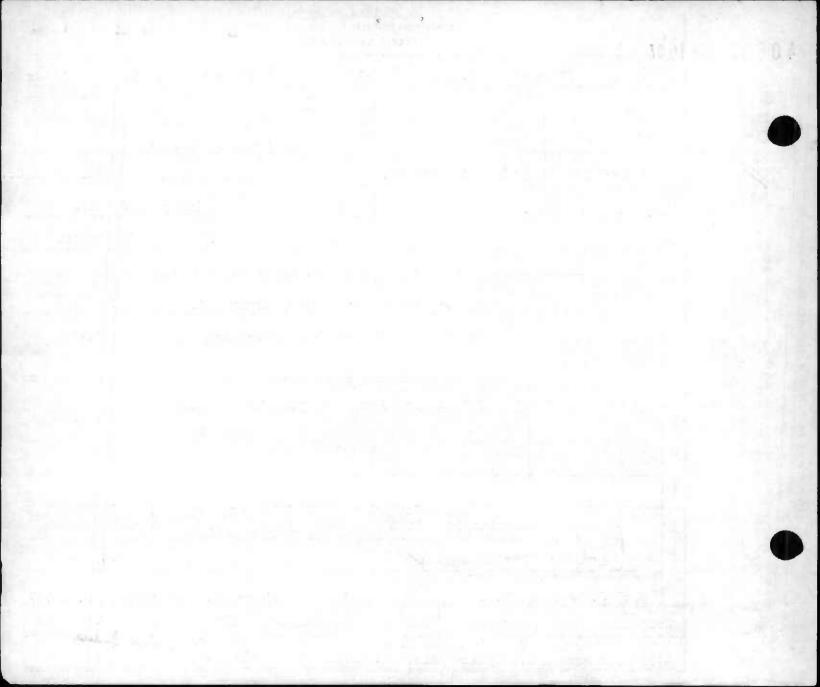
Beltsville

#18a,21b,-22a., G-624, 2/5/87 STATE OF MARYLAND

15 14 19 C 1 5 3 4 6

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGH CERTIFICATE OF DEATH	ENE 8	REG. NO.	0	2	1	ì	2
MIDDLE			DEATH					

3 1771		FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG	IENE 8 /	o.) 2 /	1 4
J JAN		EASED NAME FIRST	WIDDLE	t	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	25 HOUR
eoth	(TYPE	Ele	anor E _{ddins}	(Cole	January	8,	1987	1:30a
s after death	3. SE:	emale	4 RACE Caucasian	5. DATE C	5F BIRTH 11 3DAY 1917	6 AGE TIN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
72 hour		THPLACE ISTATE OF FOREIGN OUNTER	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED		D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNT		AAD
30		TY OR TOWN OF DEATH Hyattsville	11. NAME OF HOSPITAL, NURSIN (IF NOTINGUCH FACILITY, GIVE STREET 3106 Kimberly	IG HOME C	OR OTHER INSTITUTION	Prince Coc 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Sales Per	E WORKING	LIFE) IZE KIND O INDUSTRY Hugh	F BUSINESS OR T. Peck,
3	13a. S	TATE 136 COL	P.G. Hyattsvi	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS . 3106 Kimbe	zip coi rly I	Road, 20	782
54		THER'S NAME FIRST Canley	Eddins		15. MOTHER'S MAIDEN NA/ Maude	G . MIDDLE		(Unava	ilable)
1		ES, NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166. SOCIAL SECU SIVE WAR OR DATES) 579-07-9		Merle A. Col	ADDRE		e as lin	e 13
, ,			anly one couse per line for (a), (b), on SED BY: ATE CAUSE (a)	rrest	secondary to	arrhythmia		BETWEEN C	mate interval onset and death
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	leroti	ic cardiovascu	ılar disease	2	Unkr	iown
injury	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM			IVEN IN PART 1	1
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?	206. IF Y IN CERT	ES, WERE FINDIN TIFYING CAUSES YES	OF DEATH?
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	3 PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PEACE OF INJURY LAT HOME STREET, FACTORY, OFFICE I		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
n 21 H ma		saw the deceased alive a abave, (I) (we) (did) (did)	pital) attended the deceased fram an December 31 19 not i view the bady after death.	1986 _{Me}	dical examine	7 _{to} January deeth occurred on the dir notified		our and from the	that (I) (we) last causes stated
# # P		226. SIGNATURE	Horman		DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF	1/8/	SIGNED
MPORTA		Carl J. Houm	ann, M.D.		4404 Queens		River	dale, Mo	1. 20737
_	C	URIAL, CREMATION, REMOVA PEMATION	1-9-1987 Me	etropo	EMETERY OR CREMATORY Litan Cremato	7			rginia
M 7/84	24 FI	NERAL DIRECTOR Franc 739 Baltimore	is Gasch's Sons, Ave., Hyattsville	P.A.	20781 A 250 DAT	E REC'D BY REGISTRAN	25b. 1564	SEAR FRANK	cars.



	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8	REG. NO	0	2 /		í
3 1:2 JAN :	1. DE	DOM BRIDGE	inst ine	WIDDLE		COL	AST GE		January 19, 198		Y YEAR	2b HOUR	AN
b ed onit a	0 (YEARS LAST BIRT		UNDER I YEAR	10:30	7.1
E 7.5	3. SE	Female	1	Cougagian		5. DATE C	DAY YEAR		AFWR2 TW21 BIK I	MC	ONTHS DATS	HOURS M	AIN.
ado, sine	70.0	IRTHPLACE STATE OR FORE	Ch. 71	Caucasian		Dece	nber 11, 1912 74			YRS			
15	Pe	nnsylvania		USA		WIDOWE		Pri	Prince George's County				
		ity or town of death Lanham		Doctor's H	ospit	al of	P. G. Co.		OCCUPATION OF Emaker	ON WORKING LIFE)	12b KIND C INDUSTRY OWN h	of BUSINESS	OR
35	13a. M	aryland I	COUNT		YORTOW		13d INSIDE CITY LIMITS?		ADDRESS /	ZIP CODE es All	.ey 20	707	
1000	et F	George	MI	Jo	hnson		15. MOTHER'S MAIDEN N FIRST Loryma	NAME	WIDDLE		Whi		
Pogeth		WAS DECEASED EVER IN YES NO OR UNKNOWN) (1		WAR OR DATES	-14-1		Patricia J.	Houck	3462 Bowi	North	shire 20716		
the death certificate Performance physici The condange physici		18. CAUSE OF DEATH IS PART I. DEATH WAS IM. Conditions, if any, we gave rise to immed cause (a), stating	CAUSED MEDIATE hich iote	DUE TO, OR AS A C	re o	b SG	cor Pu	mona	has	PAS	BETWEEN	MATE INTERVAL ONSET AND DEA	лн
on faw requires that on the control of the control	CERTIFICATION		H	Purte	JTING TOE	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEA		20b IF YES,	WERE FINDIN	NGS USED	H
yskcian in fing physics certificate wental tryon	DICAL CER	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL STATEMENT OF COURED	SE OF DEATH	21b. TIME OF INJUR HOUR A.M. MG P.M.	DATH DA	AY YEAR	21c HOW INJURY OCCI	JRRED (ENTER N					
offer the control of	ME	NOT WHILE		(AT HOME STREET, FACTO		ARM, ETC)	STREET		CITY OR TOW	/N	COUNTY	STATE	Ē.
OTOR A for one of Healt		22a.1 certify that (1) (the saw the deceased above, (1) (we) (did)	live on_	of the decear	19.5	7 ar	d that in (my) (our) apinio	n death accurr	ed on the da	te and have	,	that (I) (we) causes stated	
by the No ERAL DIRECTOR Strate Dept Strate Dept		SIGNATUREA Klad 22d. PHYSICIAN'S NAMI	D ITYPE OR I	akheel	Jus	D	ATTENNING PHYSICIAN 1220 ADDRESS		STAF	F AN []	JAN	19, 19	987
O HOS origined TO FUN MPORT		Dr. Riad D		el, M. D.			14300 Galla	nt Fox		Bowie	, MD	20715	
BP		BURIAL, CREMATION, REA (SPECIFY) Burial		23h DATE JAN 22, 19	87 Ga	te of	Heaven Cem	Sil	ver Sp	ring.	Montgo	mery,	MD
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director eall Funeral	al	What 1	6000	Annap	olis Road 250. C	N 28	REGISTRAR	Sh REGISTR	AR'S SIGNAT	TURE	

Miles - June 13, 196, 10:30 PM the state of the s Conducting the North PART CONTRACTOR OF STATE OF THE PART OF TH Control of the contro HE AND INCOME TO A STATE OF THE ANALYSIS OF THE PARTY OF Less L. Pagara Library Dorstan Const. Forth Honor Library Libr

	FOR STATE REGIS
	DECEASED
	- WILLIAM PRINT
	3. SEX
1	Male
9	7a. BIRTHPLAC COUNTRY)
	Georg
1	CITY OR T
2	Lanham
1	Lanhan SUAL RESID 130. STATE
1	Md.

DEP TRAR

STATE OF MARTLAND						5	
ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	1	0	2	1	1	6
CERTIFICATE OF DEATH		REG. NO.					

	REGISTRAN							RE	G. NO.				
120	PROPERTY	٨	VIDDIE	L/	AST		2a DA	E OF DEAT	H MONT	H DAY	YEAR	2b. HOUR	
1	Ditamos	Th	omas	COLI	INS		Jan	nuary	14,	1987		4:32	$2AM_{M}$
3. S		4. RACE		5. DATE O			6 AGE	(IN YEARS LA	ST BIRTHDAY)		ER I YEAR	IF UNDER	24 HRS
M:	ale	Negro		7 MONTH	127	1912	74		,	YRS.	DATS	HOURS	MIN.
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	RY? 8			0 PALT			UNTY OF DE	ATH		
1	country) Georgia	U.S.	Α.	WIDOWE	NEVER	MARRIED L	Prince Georges County MD						
	CITY OR TOWN OF DEATH	11. NAME OF	E OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION					LIAT OCCI	PATION	176	KINDO	F BUSINE	ESS OR
1.	am h am		HEACILITY, GIVE STE	REET ADDRESS) Hospital	(1798 OF WORK FOR MOST OF WORKING LIFE) INDUS.							nmen	t
- NS	ANNAM UAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION.	GIVE RESIDENCE BE	FORE ADMISSIONI	-					1.0			
4	Md. P.G.	NTY	D3c PHYMO	w Park	YES (X)			EET ADDR			207	705	
	Md. P.G.	•	Park			NO		7 A1	enda	le Dr.	207	85	
17	FIRST						AME	MIDI	DLE		LAS	T	
_	mos					icia		Α.	DDBESS		even	15	
	(YES, NO OR UNKNOWN) UF YES G		16b. SOCIAL SE		17 INFORM		Undan	7603	Bar1	low Rd			
Y	es 1944-1945 579-076-981 Barbara A. Hodge Palmer Park,											0785	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1												
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO PULMONARY ARREST												
	Conditions, if any, which (16) SQUANCUS (BL) CAPCINOMA-PYRIFORM SINES												
	Conditions, if any, which	(1b) S	QUAMO	NS (EU	L CAR	CINON	VA-P	TAIFO	BW ?	INIS			
	gove rise to immediate cause (a), stating the)											
	underlying cause last.	DOE TO, OF	LAS A CONSEC	DSCLERE	TIL	HEAR	T DY	SEAR	2				
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a												
Z	HYPERTENSION, HISTIOSARCOMA Right Thigh												
١Ē	190 DATE OF OPERATION	- /	NDITION FOR WHICH OPERATION WAS PERFORMED					AUTOPSY?	20b.	IF YES, WER			
CERTIFICATION							YES	□ NO		CERTIFYING YES	CAUSES	OF DEAT	
18	710. ACCIDENT WAS UNDERLYING	7 216 TIME O	FINJURY		21c HOW II	NJURY OCCU					R PART 2)		
	00 00 110 110 10 00 00 00	AIH	M. MONTH										
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P. PLACE (19	21f. LOCATI	ON		• • • •					
A			REET, FACTORY, OFFI	ICE, FARM, ETC)	STREE	T		CITY	ORTOWN	CC	YTHUC		STATE
				-1217	×1	81	-	11	121		C7.		
1	220. I certify that (I) (this hasp sow the deceased alive a	1 1 17 1	e deceosed tro	6.1	nd that in (my		, 10.		la deta			that (I) (
	abave, (1) (we) (did) (did n		ofter death.			(aur) opinia	in death of	curred an i	ne date ar				
	27b. SIGNATURE	NA N/	and to		DEGREE	ATTENDING	MED	CAL	STAFF	2	₹c. DATE	SIGNED	
,	Staring	101.10	While	(0)	7	PHYSICIAN	DIREC	TOR P					
7	224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRE								
	Arvind Mehta				7100	Balt.	Ave.	509 C	olleg	e Park	, Mc	1. 20)/40
230	BURIAL CREMATION REMOVA	L 23b DATE		3c. NAME OF C	EMETERY OR	CREMATORY	Y 23d	LOCATION	1				
	(SPECIFY) Burial	1-19-1	987	Harmony	Mem.	Park		andov	er	P.G.	41.4	Mo	d. ATE
24	FUNERAL DIRECTOR				Md.	25a D	ATERRES D	Payre 99	25b	EGISTRAP'S	SIGNAT	UB5	-
	J.B. Jenkins F.	H. 7474	Landove	r Rd. I	andove	r	JANZ	1 19	01 8	200	naury.	·Kand	act.
J.B, Jenkins F.H. 7474 Landover Rd. Landover,													

DHMH - 16 60M 7/84

(VRA 15, 4)

should be detached for use os the buriol-tronsit permit. Then pley with the State Dept. of Heolth ond Mental Hygiene prior to buria

TO HOSPITAL OR ATTENDING PHYSICIAN:

retained by the haspital ar TO FUNERAL DIRECTOR: IMPORTANT: If Item 21 is marked or Item 18 st

12.77.610

rom Zwat

24 FUNERAL DIRECTOR

BP.

DHMH - 16 60M 7/84

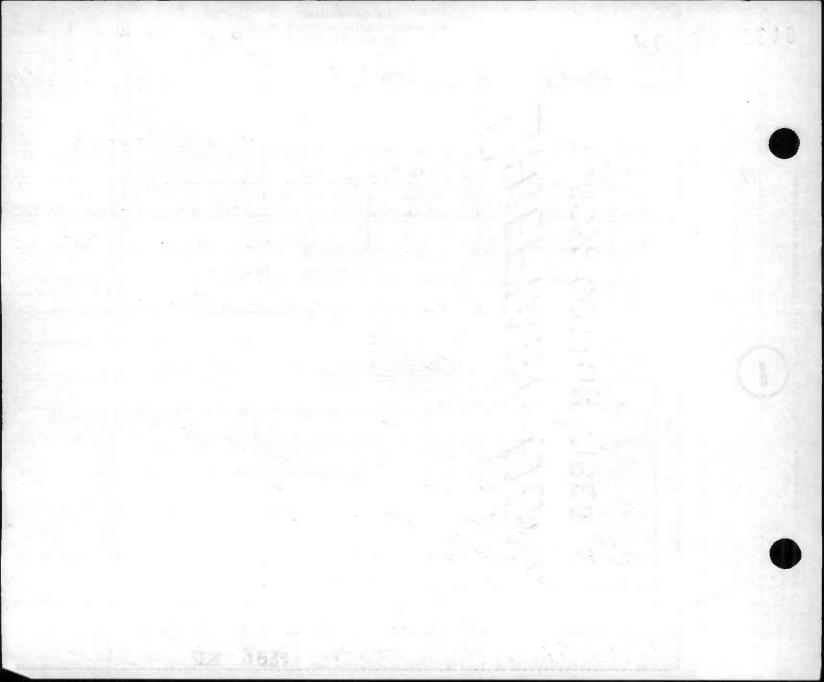
(VRA 15, 4)

043246

1	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /	0 2	/ 1 5
	CEASED NAME FIRST OR PRINT) MARY	MIDDLE		AST	REG. NO.		26. HOUR 3:15PM
3. SE	Female	4. RACE Black	5. DATE O		6 AGE (IN YEARS LAST BIRTH	YRS. IF UNDER 1	YEAR IF UNDER 24 HRS
J∎ BI	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland TY OR TOWN OF DEATH	76 CITIZEN OF WHA	LCOUNTRY? 8.	D NEVER MARRIED D	9 BALTIMORE CITY OR PRINCE 12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	COUNTY OF DEAT	GES MD.
13a. S M:	AL RESIDENCE (IF NURSING HOME OF ITS ALL PROPERTY OF THE PROPE	nce GedUp	per Marl.	13d. INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NA/ FIRST	13e-STREET ADDRESS / 5301 Spri	zip CODE ing Driv	
16a V	VAS DECEASED EVER IN U.S. AR	Edward MED FORCES? 166 : VE WAR OR DATES) 21	Hill SOCIAL SECURITY NO. 7 36 6571	Margar 17 INFORMANT Benjamin J	ADDRES		1014
ATION	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT (1) 19a DATE OF OPERATION	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONTR	A CONSEQUENCE OF		Disea	ITION GIVEN IN PA	INDINGS USED
CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING ON CONTROL OF DE.	HOUR A.M.	URY MONTH DAY YEAR 19	21c. HOW INJURY OCCURR	YES NOTER NATURE OF INJURY	IN CERTIFYING CAI YES	NO 🗌
MEDICAL	21d. INJURY OCCURRED WHILE SO WHILE ST WORK 220.1 certify the State of the deceased alive on above (I) (va.) (click) (click) (click) 221. SIGNA STREE 224. PHYSICIAN'S NAME (TYPE OF THE STREET)	21e PLACE OF IN (AT HOME STREET, FA	eosed from	ATTENDING PHYSICIAN DE ADDRESS	MEDICAL STAFF	te and hour and from	Z, tho (I) (we) lost
	Burial, Cremation, Removal	1/31/18		EMETERY OR CREMATORY	Croom. F	P.G. Md	STATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Dondon Ponders



41	156	JAN	2Q <u>1</u>	FOR STATE REGISTRAR				MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.	0	2 /	10
9	deoth deoth			CEASED NAME OR PRINT)	FIRST	1	MIDDLE S	200	NST	20. DATE C	F DEATH MC	^	687	1:SOA
AD E	tor, pag ofter d		3. SE	(4. RACE		5. DATE C		6 AGE IN	YEARS LAST BIRTHD		UNDER 1 YEAR	IF UNDER 24 HRS
4	ector.		F	'emale		Whit	.e	Dec	31, 1928		58	YRS.	INTHS DAYS	HOURS MIN
Po	Pour Pour	27		RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIM	RE CITY OR	COUNTY	F DEATH	_
deoth.	he funeral within 72	20		ston, Mas	ssa	USA		WIDOWE		TRI	VCE	GEL	1RG	ES MD.
Q	by the fu	26	10. CI	LINTON	н)		HOSPITAL, NURSIN		HOSPITAL	TYPE OF WO	OCCUPATION RK FOR MOST OF W CTION	ORKING LIFE)		rowery
24 hour	etely filled in by tl 12 should be filed	385	13o. S	AL RESIDENCE (IF NURSIN TATE	3b. COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Upper	'N	136. INSIDE CITY LIMITS?		ADDRESS / 7	IP CODE		ENTER
t d	2 sh	ine .		THER'S NAME		· · · · · · · · · · · · · · · · · · ·			15. MOTHER'S MAIDEN N.	AME				-
3	and	180		Walter		B B	Somer	by	Mary		WIDDLE		Dick	ie
e exec	on and co	medical	16a V	VAS DECEASED EVER II (ES, NOOR UNKNOWN)		MED FORCES? E WAR OR DATES)	579-40		Samuel Le	e Coo	ADDRESS ke S	ame	as #1	13
certificate	ing physicie rbanpaper r remaval.	ic event, the		18. CAUSE OF DEATH PART I. DEATH WA	SCAUSE	D BY: E CAUSE (a)	Mates	totic	Lung CA	NCERZ				MATE INTERVAL ONSET AND DEATH
that the death certificate be executed within 24 h	Sy the otherd districtions co	emanumation of		Canditions, if any, gave rise to imme cause (a), stating underlying cause	ediote	(b)_	PR AS A CONSEQUI							
6.	And of the state o	C April	NO	PART 2. OTHER SIGN	FICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE OR CONDIT	ION GIVE	N IN PART 1	a ·
he low	on. has bee	2	CERTIFICATION	19a. DATE OF OPERATI	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUT				NGS USED S OF DEATH?
OCIAN: 1	a physic pertificate nightrons entol Hya	19	10.75	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEA	TH HOUR A	DF INJURY .M. MONTH D. .M.	AY YEAR	21c HOW INJURY OCCU	RRED (ENTERN	ATURE OF INJURY IF	HITEM IS PAR	IT 1 OR PART 2)	
CONTRACTOR	offer the se the but h and Mi	rked or	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
TENDIN	CTOR: Af	121 is mo		220.1 certify that (1) (saw the deceased above, (1) (we) (di	d alive an	1/6	196	- 7	d that in (my) (aur) opinia	to, to	JAN ed on the date	and haur		that (I) (we) last causes stated
A SO IA	by the har ERAL DIREC e detached State Dept	ANT: If Her		22b. SIGNATURE	ren	11	Kole	N	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF	N []	22c DATE	5/87
0	Se E	41		226 PHYSICIAN'S NA	ME CTYPE O	R PRINTI	11		22e ADDRESS	/				

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL ROBert E Wilhelm Funeral Home

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation

Suitland, Md

23c. NAME OF CEMETERY OR CREMATORY

KATZER

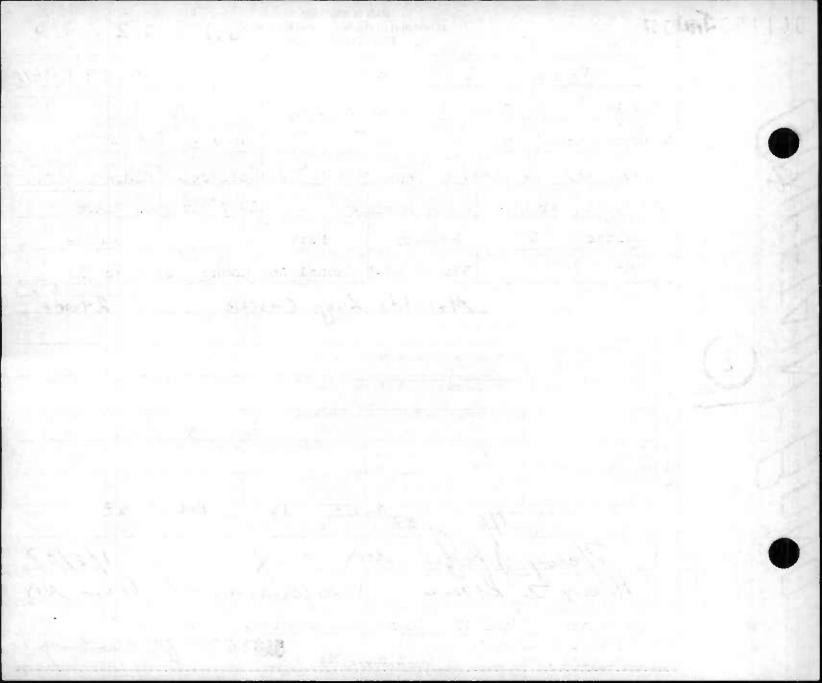
7Jan1987

Cedar Hill Cemetery AND THE PROPERTY OF THE PROPER

Ma

v Suitland COPG

CEBY ARD



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STATE OF MAKTLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	1

02/1

209 JAN-	818	STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /	0 2	2 /	1 7
		CEASED NAME FIRST	WIDDIE	ŧ.	AST		MONTH DAY	YEAR	2b. HOUR
page 3	(TYPE	JOI:	IN Ernest		COOKE		1 4	87	1.45am
may er d	3. SE	(4. RACE	5. DATE C		6. AGE IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ge 4 ector rrs aft	1	ale	Caucasian	July	6,1920	66	YRS.	THS DAYS	HOURS MIN.
nerol dir	1	RTHPLACE (STATE OR FOREIGN OUNTRY)	16 CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	PRINCE_(_		NTY MD.
1286		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET SOUTHERN MA	ADDRESS)		124 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY OF THE	ION OF WORKING LIFE)	12b. KIND OF	BUSINESS OR
33	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E AOMISSION)	134. INSIDE CITY LIMITS? YES NO 🗗	13e.STREET ADDRESS	ZIP CODE		144
and					15. MOTHER'S MAIDEN NA/	Gertrud		Conr	nick
D D D D		VAS DECEASED EVER IN U.S. A			17. INFORMANT	ADDRE			
9 50 4		(IF YES, G	218-12-	7689	Phyllis M.	Cooke, 5	ame as		
ysicia aper val. rt, th		18 CAUSE OF DEATH (Enter o	only one couse per line for (a), (b), or ED BY:	nd (c).)	/			BETWEEN O	NATE INTERVAL INSET AND DEATH
g ph sanp remo			ATE CAUSE (0) acore	m yo c	ended info	action.			
death certificate ottending physic ove corban pape stion, or removal			DUE TO, OR AS A CONSEQU	ence of					
by the see remover other the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ence of					18
signed Then plee to burio	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(0	
the law in the prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	
enthicon sid-tronsit mol tryoi		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
others of the burner of the bu	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC }	71f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
TTENDER AF TOR AF for use o of Health		sow the deceased alive a	in Jan 2 19	51, 57,00	nd that in (my) (our) apinion o	, to, to	ote and hour a	87, t	hat (1) (we) last ouses stated
AL OR A The host AL DIREC percebed percebed to it from		226. SIGNATURE William	Kent Dusa		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE S	SIGNED 7
O FUNERAL PROPERTY OF FUNERAL PROPERTY OF FUNERAL PROPERTY OF THE STORY OF THE STOR		224 PHYSICIAN'S NAME (TYPE	Furst, M.D.		Pt. Washin	l Livings gton, Md.	ton Ro 20744	1.	
BP		BURIAL, CREMATION, REMOVA SPECIFY) Burial	1-7-87 23c.	NAME OF C	enetery or crematory	236 LOCATION	ine, f	T. G	eo. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		untt Funeral	P.O. Book Book Book Book Book Book Book Boo	x 15	0	E REC'D. BY REGISTRAR	25b. REGISTRA		URE

CERTS . in Approx 5000 X 3600 anthopics of the State . Land Linest Locks, w. bertsport dennick Stilling Tear | Invilia it Goove, Line no line bit the are if probable as the the test and the test of th

Lorst Conerst howe, believe, bd . Special cone

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A DETATE REGISTRAR			EALTH AND MENTAL HYGICATE OF DEATH	SIENE 8 / REG. NO	0	2/	1 0	
1. DECEASED NAME FIRST	MIDDLE	i.	AST .	20 DATE OF DEATH	MONTH D	DAY YEAR	2h HOUR	
Ellen	V	Corc	oran	Janua	arv 3	. 1987	8:15Am	
3. SEX	4. RACE	5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
Female	White	Mar		94	YRS.	AONIHS DAYS	HOURS MIN.	
76. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARRIES	NEVER MARRIEDXX	9 BALTIMORE CITY O	R COUNTY			
Washington D.C.	11. NAME OF HOSPITAL	WIDOWE		12ª USUAL OCCUPATI	-		MD. OF BUSINESS OR	
Hyattsville	Carroll Ma	give street address) nor Nursin	ng Home	Superviso	F WORKING LIFE	E) INDUSTRY	Govt.	
USUAL RESIDENCE (IF NURSING HOM 130. STATE 136 CC Maryland Pri	DUNTY 13c. CITY		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4922 LaSal	ZIP CODE	20%	780	
4 FATHER'S NAME William	P. Cor	LAST Coran	15. MOTHER'S MAIDEN NA FIRST Mary	Ellen		Twomey		
160 WAS DECEASED EVER IN U.S.		CIAL SECURITY NO.	17_INFORMANT	ADDRE				
(YES, NO OR UNKNOWN) (# YES	.GIVE WAR OR DATES) 579	60 2290	Helen Gormley	y(Friend) 48	320 45	th St.	N.W. D. (
18 CAUSE OF DEATH (Ente						APPROX	MATE INTERVAL ONSET AND DEATH	
	r only one cause per line for to USED 8Y: Car	diopulmona	rv Arrest				Mins.	
			NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVI	EN IN PART 10	o	
Chronic Bra	Chronic Brain Syndrome Secondary to Cerebral Arteriosclerosis							
Chronic Bra 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NOTE YES NOTE YES NOTE TO SEE THE PROPERTY OF T				
OR CONTRIBUTION CAUCE OF	DEATH HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCUR					
V (IF EITHER, NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAM WHILE NOTIFY MEDICAL EXAM AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO		211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
22a.1 certify that (1) (this his saw the deceased alive	The obey offer de	ed from 87 , or	and that in (my) (our) opinion DECEE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the		22c. DATE		
J. Neill Ken	the state of the s	173r NAME OF C	1145 19th S	St. N.W. Was	shingt	on D.C.		
Burial	Jan. 6,19	00	vet Cemetery	Washing			STATE	
24 EUNERAL DIRECTOR DeVo] Francyal Ham		N.W. Wash. DA	BY REGISTRAR	Julia ,	Pundus.	URE	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other tra

Acres described T.C. USB Howateville Caresil Amorganizatin hora burnaritos L.D. Covk. english Prints Cap II "thewlile II "the Labella Ad. 1 - 1 Pille P. (original last last Trans. professor paled Corele (crise) 4800 brs LL. H.S. E.C. Britis TE 3 1 15 cinoselutoiredes fra erector d'anemane l'accident d'individually

June 12 - US at June 25

te. T

. V. handlander E.C.

STATE OF MARYLAND CEDT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FICATE OF DEATH	REG. P	10.	4	1	1	
outs	24 DATE OF DEATH	MONTH	DAY	97	2b. HOL	IR A
OF BIRTH	6. AGE IN YEARS LAST B	RTHDAY)	IF UND	ER TYEAR	IF UNDER	24 HRS
DAY YEAR 2	83	VDS	MONTHS	DAYS	HOURS	WIN.

	REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.				
	CEASED NAME FIRST	WIDDLE	ı	AST	20 DATE OF DEATH MON	NTH DAY YEAR 26. HOUR			
SIMP	DR PRINT)	6.	6	. Hc	(1 97 135 A			
3. SE	Y 14	RACE	5. DATE C	OF RIRTH	6. AGE IN YEARS LAST BIRTHDA	(Y) IF UNDER TYEAR IF UNDER 24 HRS			
J. JL.	m	1,1	MONT	DAY YEAR	2 23	MONTHS DAYS HOURS MIN.			
2 01	DYLIDI ACE	CONTRACTOR OF WHAT COL	UNITENZE S	210	9. BALTIMORE CITY OR C	YRS.			
/0. BI	RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT CO	MARRIE	D MEVER MARRIED	D BALLIMORE CITT OR C	OUTTOFDEATH			
0	catland	4.5.2	WIDOWE	D DIVORCED	321121 0	M CBORGES M			
18. C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO				
1	13545	Greater L	201101 1	PHUMP HOS	1 Audis	102 COED.			
USU	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDEN		A 124 INICIDE CITY LIVITO	?/ 13e.STREET ADDRESS / ZI	10 core 2/17/5-			
130. 3	STATE 136 COUNT	C	OR TOWN	13d. INSIDE CITY LIMITS	3415 Wen	5 1 0 /			
14 F.A	THER'S NAME	a ma	met,	15. MOTHER'S MAIDEN	1.0	722 2000 1			
7		DOLE	LAST	FIRST	MIDDIE	LAST			
	David	Co	CHY	wini	+ TEd	1-022			
	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	AL SECURITY NO.	17 INEORMANT	JEAN POE	UPPOS PRO			
	NO N	10	-03-410	18700	PINE TREE	macrost bs			
	18. CAUSE OF DEATH (Enter only	one couse per line leg in	this and to A	7.1	11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED		001	11 2 6	_ Wremi	ca 1 mo			
	IMMEDIATE	CAUSE (o)	V	0	1 1	2			
	Due to, or as a consequence of formal failure								
	Conditions, if ony, which gove rise to immediate								
	couse (o), stoting the DUETO, OR AS A CONSEQUENCE OF underlying cause lost.								
	underlying coose lost.	((c)		•					
_	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITI	ION GIVEN IN PART 110			
ō	Chu	mn c	elun	(term	arion	~			
3	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		Db. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?			
CERTIFICATION					YES NOW	YES NO			
8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN	ITEM TE PART I OR PART 2)			
	OR CONTRIBUTING CAUSE OF DEAT		JIH DAY YEAR						
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY		TH LOCATION					
¥.	WHILE NOT WHILE	(AT HOME, STREET, FACTOR		100ET	12010 CITY OR TOWN	COUNTY STATE			
	AT WORK			2/14	11/6	CP			
	22a.1 certify that (1) (this hospital) attended the deceased from								
	sow_the deceased alive on_ ubove (iii (we) (did) stid not)	view the body ofter deat	h. 19, as	nd that in (my) (our) opini		and hour and from the causes stated			
	22by yiGh ATTRE	1 11.		DEGREE	marrow v	220 DAYE SIGNED			
	Willest Til	MILLIA	M.	PHYSICIAN	MEDICAL STAFF	8 11/187			
100	THE PHYSICIAN'S NAME THE OF	PRINTS		22e ADDRESS	10-11	1////			
	Daniel 1	Muelles		Laylou	1 Keltwille	Hacaita 1			
	10011111			1 - 0 01 7	DC	· · · · · · · · · · · · · · · · · · ·			

23e BURIAL, CREMATION, REMOVAL 23b. DATE SPECIFY)

FOR - STATE

Poge 3

Poges puo

physicion

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION COUNTY

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed to should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, it

ottending physici

OR ATTENDING the hospital

TO HOSPITAL (retained by the

BP

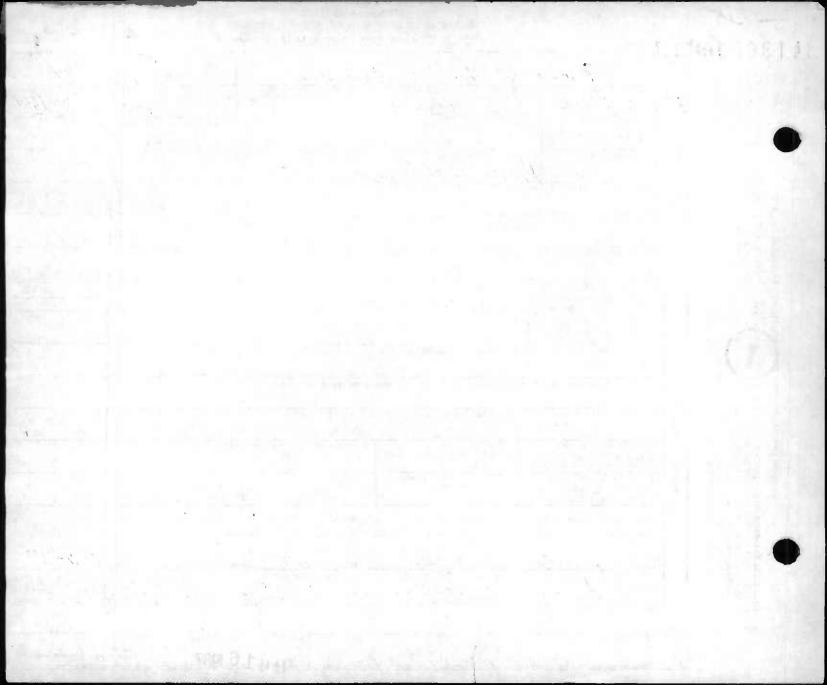
IMPORTANT: If Hem 21 is morked or Item 18 shows ony

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE 1987

100-11-11-11 was a standard of the same of A STATE OF THE STA

15	- 15		FOR STATE		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTA	26	0 :	2 /	20
) 4 1	3 0 6 JAN	0.1	REGISTRAR LEASED NAME FIRST	MEI	MIDDLE	ER'S CERTIFICATI		REG. NO.		
	ASE OR. LES. LES.	(TYP	Barbo	ora i	۷.	Covington	20 DATE OF DEATH	ESTI- MATED	ONIH DAY	19 87 N
	RY, PLEASE DIRECTOR. DUR FILES. 72 HOURS ON STREET.	Fee	male Black	5. DATE OF BIRTH	YEAR LAST BIRTHDA	Y) MONTHS DAYS HOUR	DER 24 HRS. 20 DATE S MIN PRONOUN DEAD		·//	1987 1614 1987 1614
	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 1. WITHIN 72 HOURS MERSTON STREET,		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WE	S · A	8. MARRIED NEVER M. WIDOWED DIV	ARRIED 9. BALTIM	rever!	DUNTY OF	DEATH.
W	A CHERTS	10.0	Ne Derly	NOT IN SUCH FA	PITAL, NURSING HOME CRITY, GIVE STREET ADGRESS) DENGLO DEN	or other institution	FOR MOST OF WOR			IND OF BUSINESS OR INDUSTRY
2120	29458		L RESIDENCE (IF IN NURSING HOME CITY TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL T	R OTHERINSTITUTION, GIV	VE RESIDENCE BEFORE ADMISSION IN TOWN	13d. INSIDE CITY LIMIT	152 136 STREET ADDRE		De	20772
MD.	DEATH. IF GES 1, 2, M PM 3. AND 2 SH	14. F./	THER'S NAME	WIDDLE	This FER May	15 MOTHER'S M	AIDEN NAME	IDDLE	Th	LAST
BALTIMORE,	AFTER DE IVE PAGE H FORM AGES I A ISION OF	16a. V (Y	/AS DECEASED EVER IN U.S. AR/	MED FORCES? WAR OR DATES!	166 SOCIAL SECURITY	64 11:11 /	dayida	ADDRESS 2537	REDE	TONISON AVE
	MO WE.		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	DBY:	1,000	of I Hilda C	LOVUMGTON	2001	BET	APPROXIMATE INTERVAL
ESTON	ALON ALON ISIT PER HYGIER MOVAL	B	IMMEDIAT	DUE TO, OR	AS A CONSEQUENCE O	of V				
20+W: ERESTON ST.,	UID BE EXECUTED WITHIN 24 H "PENDING" IN PENCIL IN TEMPER FF MEDICAL EXAMINEE ALON ED AS A BURD. "EANSIT PER HEALTH AND MENTAL HYGIEN AL, CREMATION, OR REMOVAL."		gave rise to immediate cause (a) stating the <u>under-</u> lying cause last.		AS A CONSEQUENCE C	DF .				
	TO THE STATE OF TH	7	PART 2 OTHER SIGNIFICANT CONDITIONS	(CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM!	NAL DISEASE OR CONDITION GIVEN	IN PART 1 404			
AL RECO	SHOULD BE OND "PENDI CHIEF MEDI FE USED AS A TOF HEALTH	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OPER	ATION WAS PERFORMED?			20 /	AUTOPSY?
OF VIT	ICATE SHO THE WORD THE CHII DUID BE US STAMENT OF R TO BURIL		210. EXTERNAL CAUSE WAS		FINJURY A. MONTH DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I		YES NO 12
DIVISION OF VITAL RECORDS.	FER. THIS CERTIFICATE SHOULD BE EXECUTE. WRITING THE WORD "PENDING FORWARDED TO THE CHIEF MEDICAL OR: PAGE 3 SHOULD BE USED AS A BUILH STATE DEPARTMENT OF HEALTH ANIMO, 21201 PRIOR TO BURIAL, CREMATING.	MEDICAL	CONTRIBUTING CAUSE OF I	21e PLACE C		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	L EXAMINER: THE CERTIFICATE, VOULD BE FORW ALL DIRECTOR: PW. WITH THE STAMEN WARYLAND, 2		22a. I certify that I took charg death resulted fram: Natur	ge of the remains desiral causes		Autapsy , Inspec	ection Inquiry Undetermined mo		ту аріліал	
	CAL EXA THE CER SHOULD RAL DIR ATH, WI		ACTUAL SIGNATURE JUGUEL	> Pon	dighe	M.D. Copuly	MEDICAL EXAM		ATE /	-11-87
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOR A FIRE DEATH, WITH THE BALLIMORE, MARYLAND		EXAMINER'S NAME OF STATE OF ST	, , , , ,		ADDRESS	9 Rayburn O	4. Campi	Tring	5, Mil-
07/84 25M		3	JRIAL, CREMATION, REMOVAL 2 PECIFY) CUICLE CONTROL CON	1-17-87	LOUDOY	Park Cen	1. Balto	1/20 05 0 00	COUNT	MD
25101	DHMH - 17 (VR A15 ME (5))	m	uneral director name arch Funero	addres:	1018.1	orth Aue.	ATE REC'D. BY REGISTRA		AR'S SIGNAT	-A A



requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

Infuneral director, page 3 within 72 hours after death

deoth. Poge 4

STATE OF MARYLAND	D
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- Char	_		

28	FOR STATE REGISTRAR	DEP	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE B REG. NO.					
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		LAST	20 DATE OF DEATH MG		26 HOUR	
	Alton	I.	Co			19, 1987	8:00A _M	
	3. SEX	4. RACE	5. DATE (DF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHO	MONTHS DAYS	HOURS MIN.	
	Male	Caucasian	Janua	-/	78	YRS.		
1	78. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	DE NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH		
71	Washington, D.C.	U.S.A.	WIDOW	_	Prince Geo	rge's	MD.	
0	Oxon Hill	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE 5.008 FOOD			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Maintenance	ORKING LIFE) INDUSTRY	ed. Gov't	
fre.	USUAL RESIDENCE (IF NURSING HOMEO 13a. STATE 13b. COU Maryland Prine	NTY 13c. CITY OR		13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / Z 5403 Wood]	and Blve.	20745	
	14 FATHER'S NAME	MIDDLE LAS	T.	15 MOTHER'S MAIDEN NA.	WE	LA	61	
50	James	A. Co		Mary	E.		ick	
	16a WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	SILO3 ADDRESS	land Blvd.	-	
-	(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 579-0	1-1482	Marion E. Co		ll. Maryla	nd	
2	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION	gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN						
7		HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	N ITEM 18 PART 1 OR PART 2)		
	OR CONTRIBUTING CAUSE OF DE CIFE ESTIMA NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY O	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	27a.l certify that (I) (thus begind) attended the absenced from							
1	THE PHYSICIAN'S FLAME (14)	ATren 1	41)	27.6. ADDRESS 6	bowrand K	el Chi	ter MI	
	230. BURIAL, CREMATION, REMOVAL (SPECIFY)			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE	
Į.	Burial	1/22/87		ill Cemetery	Suitland		laryland	
	24. FUNERAL DIRECTOR	AD	6160 0xo	n Hill Rd 250 DA	AN 2 7 9987 25	B. REGISTRAR'S GIONA	TURE	
	George P. Kalas	Funeral Home (Oxon Hil	l. Md.		U	Manuel	

DHMH - 16 60M 7/8 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicior should be detacked for use as the burial-transit permit. Then please remove carbanpapers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the

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ATTENDING PHYSICIAN: The

TO HOSPITAL OR

by the attending physician and campletely filled in by the funeral director. p age remove carbanpapers. Pages, I and 2 should be filled within 72 hours after

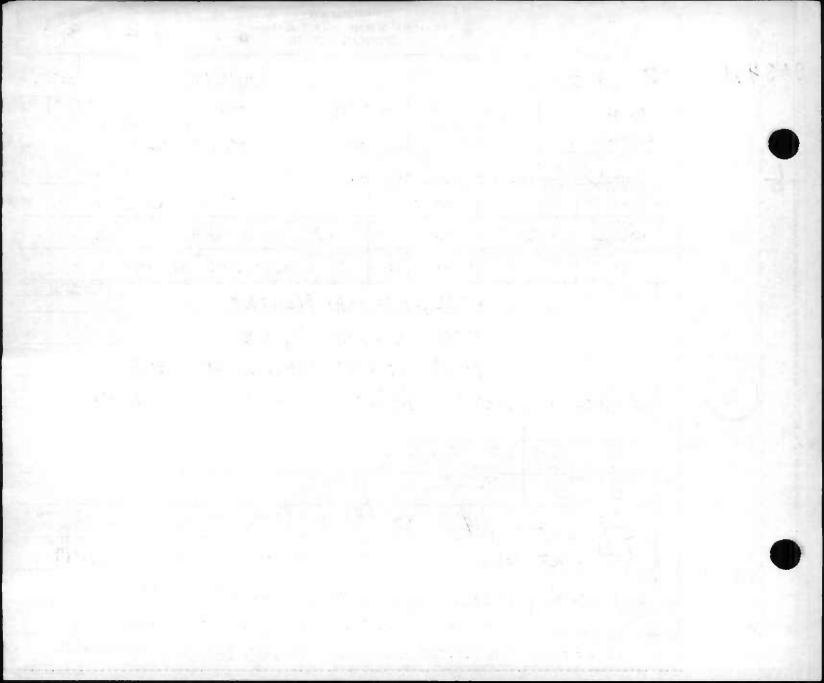
ather traumatic event, the medical exam

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has signed be educated by the sea of the buriol-transit permitted that the State Dept. of Health and Mental Hygiene in IMPORTANT; if Hem 21 is marked or Item 18 shows.

					STATE	OF MARYLAND					- 13
	1.	FOR STATE		DEPAR	RTMENT OF H	EALTH AND MENTA	L HYGIENE	1	0 2	2 /	6
	1	REGISTRAR			CERTIF	ICATE OF DEATH	0	REG. NO).		1
	1. DECEASED NAME FIRST MIDDLE LAST					2a. DAT	E OF DEATH	MONTH D	DAY YEAR	2b HOUR	
EB		87 JUNIE	E. CRAFT				01/	25/87			8:20A M
	3. SE	X	4. RACE		5. DATE O		6 AGE	(IN YEARS LAST BIRTI		IF UNDER 1 YEAR	
		Female	Cauc		06/	24/1909 YEAR	* 77	7v	YRS.	ONIHS! DATS	HOURS MIN.
//		RTHPLACE (STATE OR FOREIG	N 76. CITIZEN OF	WHAT COUNTR	Y2 8	NEVER MARRIED	9. BALTI	MORE CITY OF		OF DEATH	
1	. '	Virginia	u	SA	WIDOWE			ince Geo	rge's		MD
2/1	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a US					N 12a USL	JAL OCCUPATIO	N	12b. KIND C	OF BUSINESS OR	
7		Laure1				ville hospi	ital "Ho	wis en mest of	WORKING LIFE	NOME NOME	2
21	USU,	AL RESIDENCE LIENURSING HO	OME OR OTHER INSTITUTION,	GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INŞIDE CITY LIMI		ET ADDRESS /	ZIR CODE		
day	Mo	iryland 13b.	P.G.	13c City OR to	l'	YES NO		e Agrant	AUE	20707	
1	M FA	THER'S NAME	AUDOLE	1241		15. MOTHER'S MAIDE		4 MENDIE			
20	2	Charles	Milton	Ross		Lilyst	Vir	ginîld		Polk "	31
1		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SE		17. INFORMANT	2 0	ADDRE			
	, ,	AEZ NO OBNOKNOMU) (IE)	ies, Give war Or Dates)	217-18-	8112	Richard 1	Kau Sr.	same as	abov	e	
		18 CAUSE OF DEATH (Em	iter only one couse per	line for o), (b),	and (c).1	A A (BETWEEN	XIMATE INTERVAL LONSET AND DEATH
			EDIATE CAUSE (0)	FILERY	10V/15/	ULAR ALL	JIJENT	•			
	DUE TO OR AS A CONFESQUENCE OF										
	Conditions, if any, which ((b) EVEDNALLY NATEDLY VILEASE										
	gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, ONAS A CONSEQUENCE ON OTIC CARDINVASCULAR OUTEASE										
	PART A OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV								EN IN PART 1	0	
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6	CERTIFICATION	1% DATE OF OPERATION	196 CONDI	TION FOR WHI	CH OPERATION	WAS PERFORMED	200 A	UTÓPSY?	20b. IF YES,	WERE FINDI	NGS USED
1	E			- EVITABLE			YES [YES	- Forest	NO 🗆
6		21s. ACCIDENT WAS UNDERLYN OR CONTRIBUTING: ☐ CAUSE	The second secon		DAY YEAR	SIC HOW INJURY O	CCURRED 11HT	R HYLLINE CR HITTER	IN ITEM IS PA	AT LOW PART 21	
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		27s.1 certify that (I) (this saw attra decreased of	11	deceased from	2 10	19-	54 10-	1. 2. 2			that (It (we) last
		abgve, ([we] (did)	did got view the body	afer death.	٠.	d that in (my) (our) of	pinibn death occ	urred an the da	hr and hour	and from the	causes stated
		274 SHENATURE	Q ada		- 1	DEGREE ATTEND	ING MEDIC	AL STAF	F	The Date	100
_		274 PHYSICIAN'S NAME	· · · · · · · · · · · · · · · · · · ·	_		PHYSICI	IAN DIRECT	TOR PHYSIC	AN	1/1/	101
1	1	21E PHTSHLIAN S NAME	MALLIAN	0		TO AA	1011-1	FADI	- /-		
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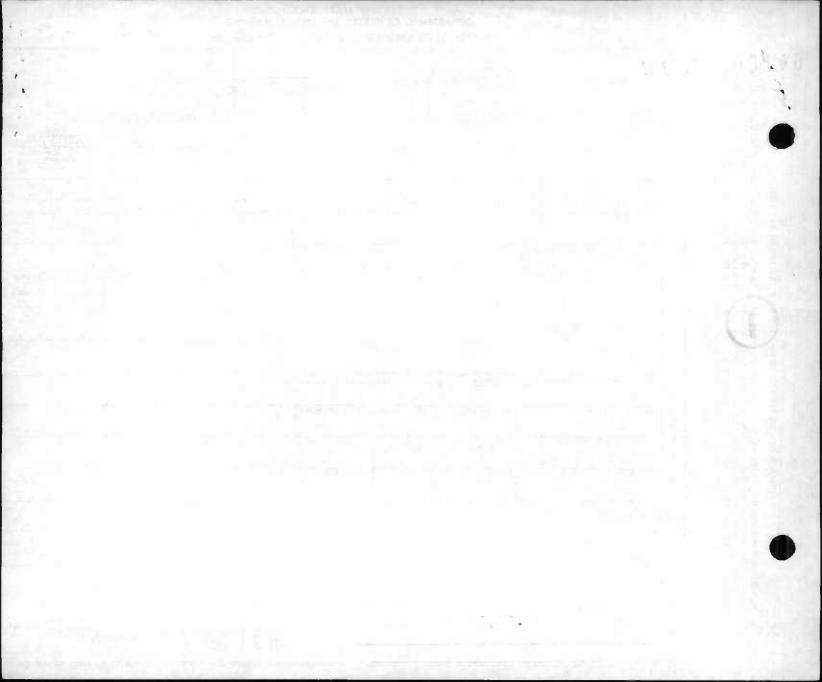
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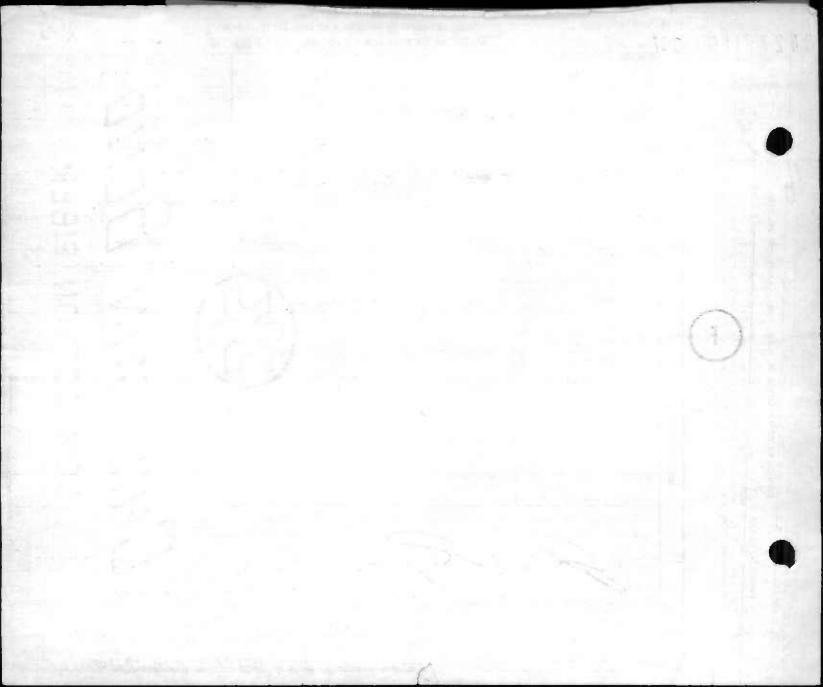


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(VR A15 ME (5))

6009 Harford Rd., Bolto., Md.





STATE OF MARYLAND

FOR

7 REGISTRAR

DECEASED NAME

To. BIRTHPLACE (STATE OR FOREIGN

8 CITY OR TOWN OF DEATH

FIRST

Sara

136. COUNTY

60 WAS DECEASED EVER IN U.S. ARMED FORCES

PART I. DEATH WAS CAUSED BY:

230 BURIAL CREMATION, REMOVAL

Durial

24 FUNERAL DIRECTOR

rince George

MIDDLE

IMMEDIATE CAUSE (o.

V. BARSEY M.O.

1/15/87

GP. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

4 RACE

- STATE

TYPE OR PRINTS

Female

Missouri

Clinton

Maryland

14. FATHER'S NAME

No

Peter

13a STATE

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 2a DATE OF DEATH MONTH 26 HOUR 87 Miller D'Arago 12 2:15P 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS June 26 DA 1897 YEAR Caucasian 89 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Prince George's WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR Farming - Ret. Harming Southern Maryland Hospital Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 8210 Old Branch Avenue 13d INSIDE CITY LIMITS? 20735 YES T Clinton NO [15. MOTHER'S MAIDEN NAME D'Arago MIDDLE Della J. Miller ADDRESS 16b. SOCIAL SECURITY NO. 17 INFORMANT Potomac Drive Washington, Md 217-36-9400 Charles R. Callis APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which	(b) Comme D	watercome Much	Much Track	ex .	
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	am Synglyme.	past exami	Tong State	
Malminim	Deligohalin .			ITION GIVEN IN PART 1	101
198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY	(IN ITEM 18 PART OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
22a I certify that (I) (this haspital) sow the deceased alive on above, (I) (we) (did) (did not) vi	ottended the deceosed from 19 9 , or ewith body ofter death.	nd that in (my) (aur) opinio	7 , to 1/12 on death occurred on the date		, that (I) (well e couses stated

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d. LOCATION

8700 old Branch Ave, Clinton Md 20735

250 DATE REC'D BY REGISTRAR 256 DEGISTRAR'S SIGNATURE

Suitland

P.G.

Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

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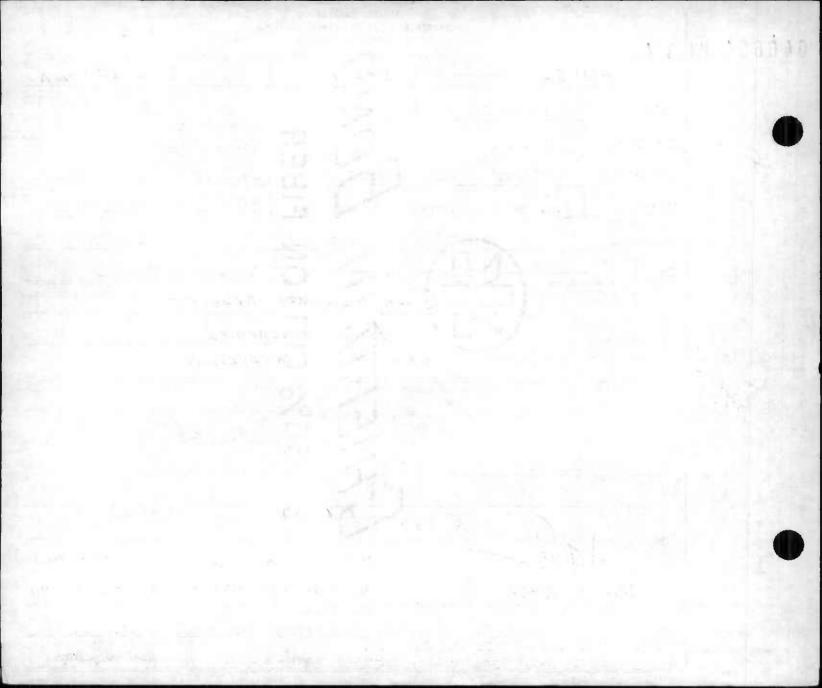
I. DEC	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
	OR PRINT) AURELIO	VINCENZO	DEL GALLO		8.87 3
3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 2
Ma	ale	Caucasian	9-23-25 DAY YEAR	61 vps	MONTHS DAYS HOURS
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	BALTIMORE CITY OF COUNT	Y OF DEATH
C	OUNTRY) EW York	U.S.A.	MARRIED NEVER MARRIED		
	TY OR TOWN OF DEATH		WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION		12h KIND OF BUSINES
	iverdale	(IF NOT IN SUCH FACILITY, GIVE STREE Leland Memoria)	l Hospital	Bricklayer	
13e. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY P.G		WN 13d. INSIDE CITY LIMIT	3410 Webster S	Street 20722
	THER'S NAME FIRST LOVANNI	Del Gallo	Santina	N AME MIDDLE	Tonelli
	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES!		ADDRESS	
No)	228-42-	-3964 Wanda Del	Gallo, Same as Li	
		lly one cause per line far (a), (b) of D BY: TE CAUSE (a)	LARDIO PULMONAL JENCE OF ACUTE MY		APPROXIMATE INTERV BETWEEN ONSET AND D
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WEDICAL 230. B	gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIF	DUE TO, OR AS A CONSEQUE (c) 19b CONDITION FOR WHICH 19b CONDITION FOR WHICH 19h CONDITION F	DEATH BUT NOT RELATED TO THE H OPERATION WAS PERFORMED DAY YEAR 19 216 HOW INJURY OC STREET 19 216 LOCATION STREET 19 DEGREE ATTENDIN PHYSICIA 216 ADDRESS	TERMINAL DISEASE OR CONDITION GET 200 AUTOPSY? YES NON Y CURRED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN TO STAFF IN OR TOWN OR MEDICAL PHYSICIAN WYN HE USE RD,	S, WERE FINDINGS USED IFYING CAUSES OF DEATH ES NO PART I OR PART 2) COUNTY STA 19 22. that (I) (we ur and from the causes state 22c. DATE SIGNED 1 8 19

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been should be detached for use or the burial-trained permit. I with the State Dept. of Health and Mental Hygiene prier.

TO HOSPITAL OR ATTENDING PHYSICIAN. The lower retained by the hospital or attending physician.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME 20. DATE KNOWN XX MONTH 2b. HOUR (TYPE OR PRINT) Robert DEATH MATED Dent 1-5 19 87 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. TIE UNDER 24 HRS. 2d HOUR 24. DATE BIRTHDAY) 6:32 PRONOUNCED DEAD 1987 1 - 56 a. M To BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED lashingon, Prince George's County, WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK FOR MOST OF WARKING LIFE) Govt Landover E. Lombard Street SUAL RESIDENCE, (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) PrINCE GEO. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ANDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWNS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot Wound of Head (unspecified) IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. WARDED TO THE CHIEF MEDICAL PAGE 3 SHOULD BE USED AS A BIBIN STATE DEPARAMENT OF HEALTH AND \$1201 PRIOR TO BURIAL, CREMATIO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XXOR MEDICAL subject shot himself CONTRIBUTING CAUSE OF DEATH & 15xxx 1-5 19 87 21e PLACE OF INJURY (AT HOME. 71f. LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK E. Lombard St., Landover, Prince George's yard Co., Maryland Autapsy XX 22a I certify that Ltaak charge of the remains described above, held an Inspection and in my apinian death resulted in Natural causes Hamicide Undetermined manner TITLE (SPECIFY) GE 4 SHOULD FUNERAL D ACTUAL 1-6-87 Assistant SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 30. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 07/84 BP **DHMH - 17** Mulia (VR A15 ME (5))

7/4/E Block Oc 15 27.59 Pointer Gult. Mel Prive 900 p. Lender - 1. 7201 E Lembered St. Find Dent Myosha Hendra 125 AH - 1997 351-36 3/1520 mile R. Dient 2011 E. Lumburds Buckles 2 - 27 Timenon Them I sindles the 725

6000 Annapolis Road

Bowie. MD

20715-3043

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

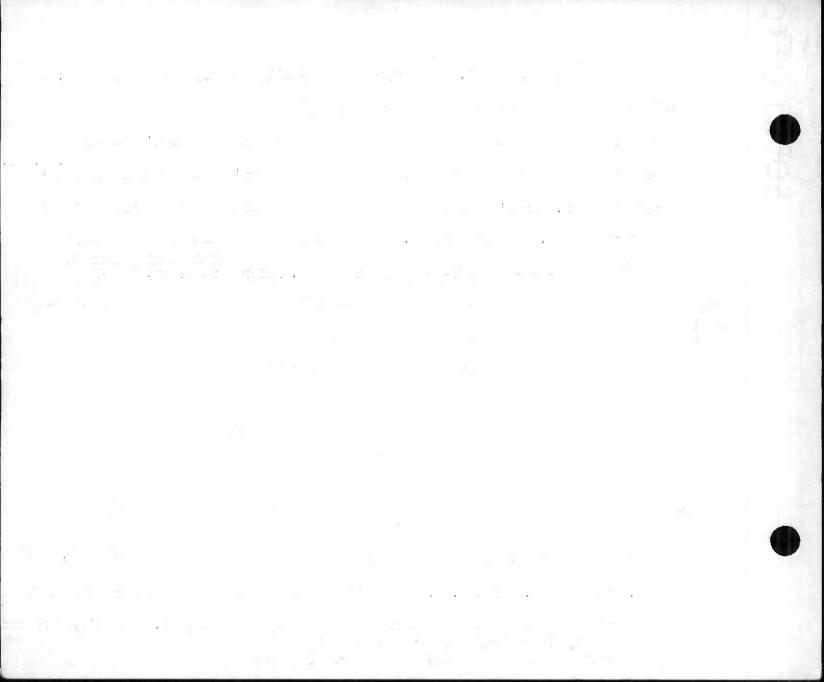
- STATE

24 FUNERAL DIRECTOR

Beall Funeral

DHMH - 16 50M 4/83

(VRA 15, 4)



17 P. C.	STRAR		ME	DICAL EXAMI	NER'S C	ERTIFICATE	OF DEATH	V 850	0 2	1 4	2
Time be		lena	Riv	rer ,	Disn	ey		OF ESTI- EATH MATED	Bank	28 .8	7 7
Fem	ele W	hvte	March 5,	The way of the Company of the Compan	TRAIS IF UN MATE MONTH	DER I YR. IF UND		DATE NOUNCED DEAD	1-2	18	74
Virg	stratiled has displayed	•	U.S.A.	HAT COUNTRY?	MARRIE WIDOW	ED NEVER MAR	DIED	ince G	-	's Count	у
Clin			Southern	May land	. 11		Homema	ccupation worked (#1) iker	THE OF WOR	Own Ho	STRY
Mary	land	P.G.	TY STREET OF STREET, G	Temple H	ills	THE NO E		opress Ceating	Stre	et 2074	8
	illiam	14	MDGU	Lichlit	er	Jane	DEN NAME	WEDIE		Keller	
No No	DECEASED EVE ON UNKNOWN	R IN U.S. AR		216-82-61	ITY NO.	Marion Ho	ouser (I	aughte:	7.0	6767	
S 1	2 OTHER SIGNIFICAL DATE OF OPER	ANT CONDITIONS		DUT NOT RELATED TO THE TE	ERATION W.	S PERFORMED?	PART 1 (g)			20 AUTOP	SY?
) i iii	EXTERNAL CAL DERLYING DERLYING DIVIURY OCCUP UNITED DO WORK DATA	USE WAS OR CAUSE OF E	DEATH TO PLACE	//	leg	owinjury occur of game u of kea	RED CENTER NATUR	0	11 .	PART 2) REPART 2) REPART 2) RECOUNTY HALLS	,
9		nt I took charg	ge of the remains de	scribed obove, held on	-	y . Inspect		nquiry .	ond in my	opinion / No	2
23a BURIA	NATURE Z	rigus	to P.K	duque		bepatty		EXAMINER	DA' SIG	TE 1-22	8-8
	MINER'S NAME OF OR PRINT)	,REMOVAL 7	A STATE OF THE PARTY OF THE PAR	Rodriguez, 23c. NAME OF C. Bethel	EMETERY OF	D5009	Raybur	n Ct ,	Temp1	e Hills	

STATE OF MARYLAND

Brandy Jens 18 86-1 year in the second The street water I see the g that ago, with their more the all their for the state of t The training of the property of the said o The same of the sa

requires that the death certificate be executed within 24 hours often

poge 3

STATE OF MARYLAND

8 REG. NO.	0	2	1	3	
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71					STAT	E OF MARYLAND				
3	1.	FOR STATE		DEPARTA		EALTH AND MENTAL HYG	HENE	- 0	0 1	2 3
5		REGISTRAR			CERTIF	ICATE OF DEATH	8	REG. NO.	61	3 3
0		CEASED NAME FIRST	MI	DDLE		AST	2a. DATE C		AY YEAR	2b HOUR
10	(TYPE	Geor	CIE	14%	De	Rsell	1-	10-87		640 PM
Σ	3. SE)		RACE	101	S. DATE C			YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	A	ile	81ack		D.	3 27 04		82 YRS	ONTHS DAYS	HOURS MIN.
X		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR COUNTY	OF DEATH	
IJ.		nnsylvania	United 9		WIDOWE	DIVORCED	Prin	nce George's		MD.
1	10 CI	TY OR TOWN OF DEATH		SPITAL, NURSIN		DR OTHER INSTITUTION		LOCCUPATION ORK FOR MOST OF WORKING LIFE	12b KIND OF	F BUSINESS OR
4		elphi /	Presider	ntial Wo	ods		EEO (Officer		erv. Admin.
料		AL RESIDENCE (IF NURSING HOME OF		IVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET	ADDRESS / ZIP CODE		Ealthi
	Me	ryland Mont		Silver S				Cresthaven	Drive 2	20903
2	J. FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME	WIDDLE	LAST	
30	Ge	orge Jackson D				Amittie Lill:	ian No	olan		
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	66. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS Silv	er Spri	ing, Md.
4	No		E WAR OR DATES!	157-18-	9744	William R. D	orsey,	,1009 Cresth	aven Dr	c,
0		18 CAUSE OF DEATH (Enter or	ly one couse per li	ne for (o), (b), on	d (ch.)	01-			APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
	1	PART I. DEATH WAS CAUSE	D BY: [E CAUSE (o)			CAT			steveu	11 1
1	./	110112011		AS A CONSEQUE	NCE OF	7,				
A		Conditions, if ony, which	(b)	AS A CONSEQUE	.1402 01					
3		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF					
Q	4	underlying couse lost.	(c)	AS A CONSECUL	TACE OF					
3		PART 2 OTHER SIGNIFICANT		NTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEA	BE OR CONDITION GIVE	N IN PART 1:0	
U	ON	67	4	Stag	e /	Renal F	-and	line		
n	CERTIFICATION	190 DATE OF OPERATION	196. CONDIT	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT		WERE FINDING	
6	TIFIC						YES 🗌	YES YES		NO [
7	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY MONTH DA	V VEAD	21c HOW INJURY OCCUR	RED (ENTERN	VATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)	
7	AL	OR CONTRIBUTING CAUSE OF DE	ATH THE		19					
	MEDICAL	214 INJURY OCCURRED	21e PLACE O	F INJURY	- 0.4 576 1	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	Σ	WHILE NOT WHILE AT WORK	TAI NOME, STREET	T FACTORT, OFFICE F	ARM EIC J			10		
		22a.1 certify that (1) (this hosp			1	19 8	/, to	Jan 10	98/.1	hot (I (we) ast
		bow (I) we idid did no	tuble - the body of	death 19	7.0	nd that in (my (our) opinion of	deoth occur	red on the date and hour	and from the c	ouses stoted
		THE SIGNATURE		-00		DEGREE			27L DATES	IGNED
		David (10	wey		ATTENDING PHYSICIAN	MEDICAL DIRECTO	STAFF R PHYSICIAN	11/1	1/8/
7		THE PHYSICIAN'S NAME TYPE	R PRINT]			22e ADDRESS 8 31	1/ 4/1	PUS.A. R	hol/	1
		David (Vomwy	P (/		5. Liver 5	504	NC hus	20	903
		URIAL, CREMATION, REMOVAL	23b. DATE	236.1	NAME OF C	EMETERY OR CREMATORY	23d LOC	AUDN		
	B	specify)	1/15/8	7 Fo	rt Li	ncoln Cemeter	y Br	entwood, Pri	COUNTY GOOD	rge s. Md.
		INERAL DIRECTOR		A.	راسة مسار	ASHTES DOG DAT				
	219	64, RE FLUENAL SI	eauses in	c. 740	0 6 55	REID AVE IAN	2010	187		
						Urill.	41-0-16	-		

DHMH - 16 60M 7/B4

(VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the burial-transit with the State Dept of Health and Mental Hy ii MPORTANT: If Item 21 is marked or Item 18

Black DINM

Whited States Pennsylvenia

Gan. sarv. Admin. Thoise usi Presidential To de idglass

1009 Crestheven Drive 20903 × Eryland tentrodary bilver bring

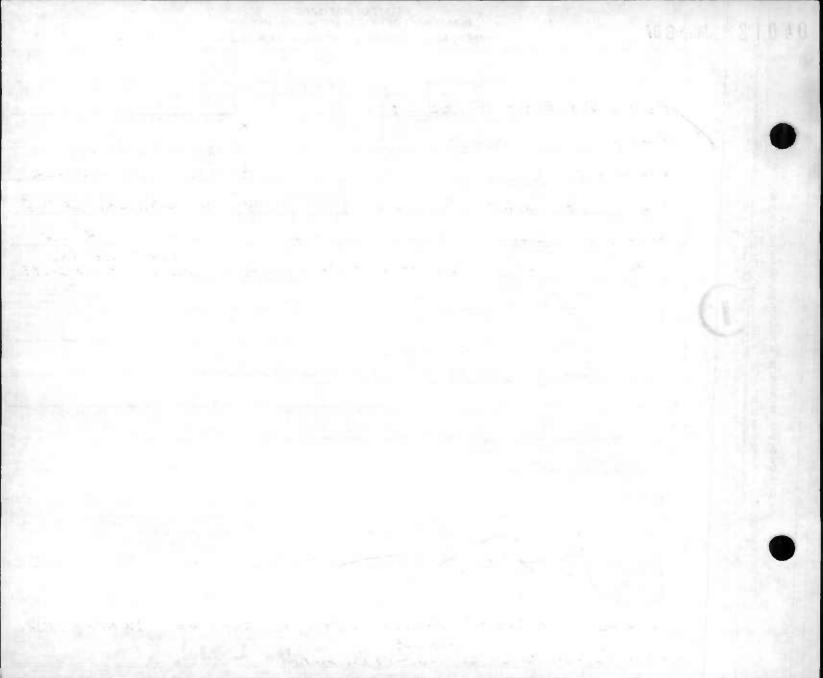
melow meillil eithiav

Scarce Ischen Dersey Silver Scring, d.

Prince George's

107-19-9744 William F. Josey, 1809 Greathaven Dr.

DHMH - 17 (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR TO ATE OF DEATH REGISTRAR RE	
TO REGISTRAR TO DECEASED NAME TO DECEASE DEVER IN U.S. ARMED FORCES? TO DECEASED NAME TO DECEASE DEVER IN U.S. ARMED FORCES? TO DECEASED NAME TO DECEASE DEVER IN U.S. ARMED FORCES? TO DECEASED NAME TO DECEASE DEVER IN U.S. ARMED FORCES. TO DECEASED NAME	110
TO BE OF PRINTING	and .
3. SEX 1. RACE 3. DATE OF BIRTH MONTH MO	RA
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78. BRITHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED	
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MARRIED D DIVORCED DI	
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136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 1801 Metzerott Rd. 2078 1801 Metzerot	ice
14 FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH (Enter only one couse per line force), (b), one couse per line force), (c) 18 CAUSE OF DEATH (Enter only one couse per line force), (b), one couse per line force), (c) DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPS 1. (IN CERTIFYING CAUSES OF DEA	
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210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
TA TO THE THE REPORT OF THE PROPERTY MEDICAL EXAMINER) P.M. 19	
OR CONTRIBUTING CAUSE OF DEATH	TATE
216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT	
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The second disease of	ated
DEGREE 226 DAJE SIGNED	
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	,
PHYSICIAN DIRECTOR PHYSICIAN DIR	
ABRAMAN DASELA 4404 Quelusburg Rd. Riverdele W. 20	727
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	TATE
BP Removal 1-7-87	2017
24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 NAME ADDRESS 250 DATE REC'D. BY REGISTRAR'S SIGNATURE	
(VRA 15, 4) Anatomy Board Balto., Md. JAN 12 1987 Julia Desiden Randa	A.



Sand H. Dofferton 1-12 89 2 Non the Sale was to The second secon Olifer to and a comment of the Charge of Caronella 12221

certificate be executed within 24 hours

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STATE OF MARYLAND FOR

STATE
REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 / 3 0

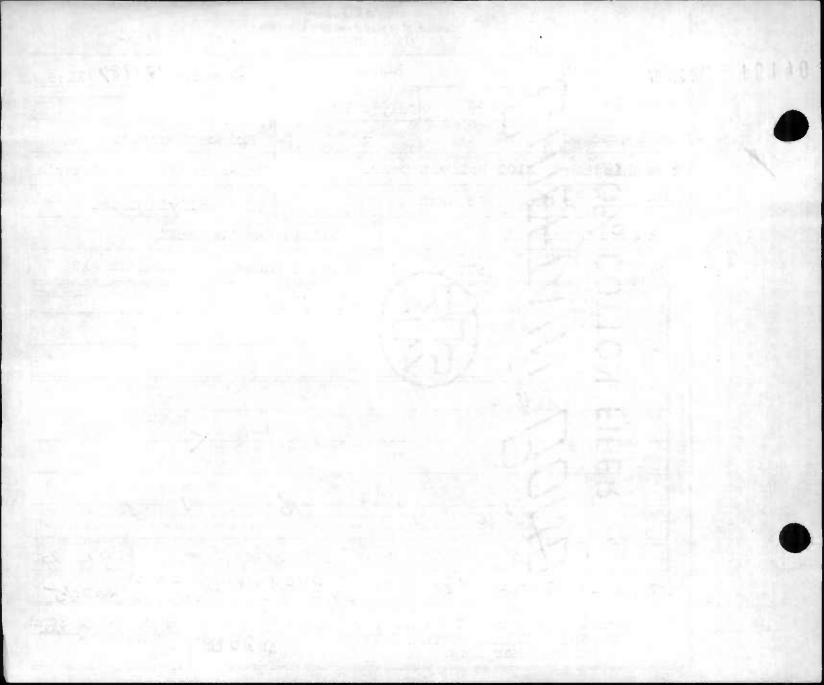
	NEO IO I III III			REG. NO.			
N 2	CORPRINT) Doris	5 J	Eanes	DANUAR	MONTH DAY YEAR Y 19,1987	26 HOUR 11:504	
3 SI	Female	White	July 8 1934		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
Wa	Shington DC	The CITIZEN OF WHAT COUNTR USA	MARRIED NEVER MARR	Prince	R COUNTY OF DEATH George's	MC	
Ft	Washington	3103°B011v		Manager		eteria	
13aV	AL RESIDENCE (IF NURSING HOME O		STY 13d INSIDE CITY LI	□ 3103 Bol	ivia Court	2074	
14. F	Robert L Pa	rnell	15 MOTHER'S MAI	lie Mae Vande	_	SI	
160	WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN) (IF YES GI			C Eanes	Same as ‡	#13	
	Conditions, if ony, which	DUE TO, OR AS A CONSEC	OUENCE OF	<u>O</u> rain			
NOI	couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	OUENCE OF	he terminal disease or con	DITION GIVEN IN PART 11	a	
CERTIFICATION	190 DATE OF OPERATION	198. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES		
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 216 LOCATION		RY IN ITEM 18 PART 1 OR PART ?)		
ME	WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hosp sow the deceased alive of	(AT HOME STREET, FACTORY, OFFI	m 7= 17	opinion death accurred on the de	1986	that (I) (we) lost	
	obove, (I) (we) (did) (did no	of view the body offer death.	DEGREE M.D. ATTEN PHYS	DING MEDICAL STAF	PER 22C. DATE		
	22d PHYSICIAN'S NAME (TYPE	T. ONG., M.D.	- Oran	357 OXON HI ALL MAR	UROAD 20	745	
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	22Jan1987 F	31 NAME OF CEMETERY OR CREM 't Lincoln Cem	etery Blader	4 . 6	aryland	
24 F	UNERAL DIRECTO DETT	E Wilhelm Fu	noral Home	250. DATE REN 208 1987	25b DEPOMPERATE STORY AT		

DHMH - 16 60M 7/84 (VRA 15, 4)

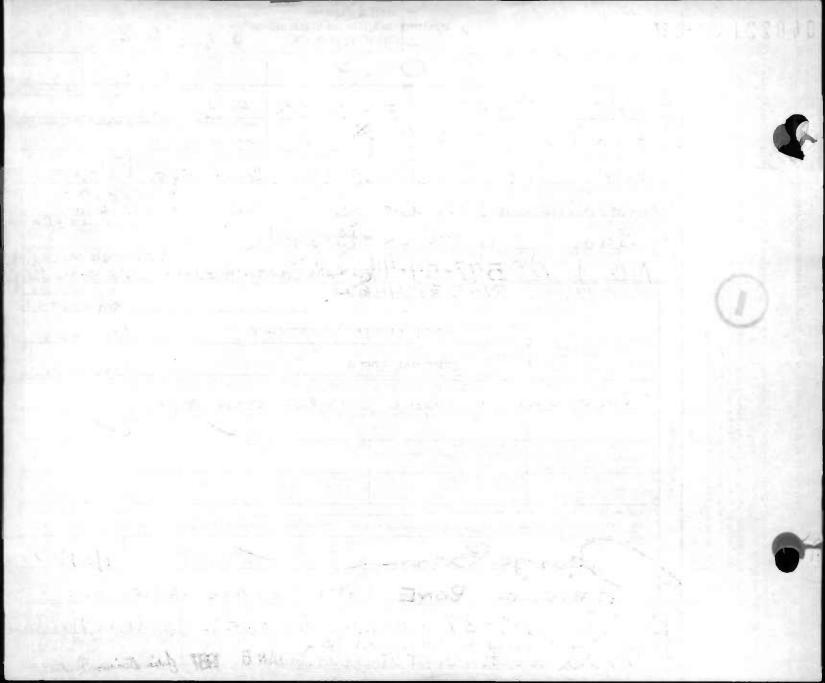
BP.

TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physi

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death retained by the hospital ar attending physician.



				STATE OF MARYLAND		
221 JAN -	B18	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 /	02/33
		EASED NAME #851	MIDDLE	LAST	REG. NO.	ONTH DAY YEAR 26 HOUR
3 76	(7)99	OF PRINT)		E460M		The second second
y 60 g	1.58	JE OF	AN 4. RACE	EASON 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	0 0 0
7 25	1	unale	Da and	MONTH DAY - YEAR	52	MONTHS DAYS HOURS MI
2 1000	7a. €	REHPLACE INTAINORIORION	76 CITIZEN OF WHAT COUNT	TRY? 8	9 BALTIMORE CITY OR C	YRS. COUNTY OF DEATH
1 11 /60	11	AlaCarolin	1 DO S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		
B 24 8/1/	10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	PRINCE GEOR	126. KIND OF BUSINESS
1 11 11	1	HEVERLY	PRINCE GEORGE		TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
1 5 T	M5U	I. RESIDENCE IN NUMBERO HOME	THE POSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	michael	2914=
元 黑玉 電人	17/	200 mm	Transfer de l'activos	TOWN 13d INSIDE CITY LIMITSY	STREET ADDRESS / 2	P COOF 10 20
1 35.72	11.14	THER SYNAME	- Marine	15. AOTHER'S MAIDEN NA	M Ellena	der Maure
2 37/40	+	Rulus	1000	ban Voltu-	Fa ulaon	in A
d co	16a. V			SECURITY NO. IT INFORMANT	ADDRESS	2810-200 newson
5 5 5 P	1	TE A DOWNER LIE AEZ' C	NO5178-5	54-44A QUAL SA	son-Huslian	@ Allenandenit
7 3134		II CAUSE OF DEATH TENTER	anly ane cause of the far (a)	4nt 4462		APPROXIMATE INTERVAL BETWEEN ONJET AND DEA
S S S S S S S S S S S S S S S S S S S		PART L DEATH WAS CAUS	SED BY: CARE	DIAC ARREST		*#INUTE
Like in		30000000	The second secon	FOLIENCE OF		- CHARLES AND
deor deor		Conditions, if any, which	((b) MARI	CARDIAC HYPERTRO	PHY	YEARS
e en e		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF		
ther the roth	1	underlying couse last.	DUE TO, OR AS A CONS	EBRAL EDEMA		DAYS
and the property of	1,	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 1101
4 44 4	ě	1) BAFLOW	NRT EMP			ς,
to be	CERTIFICATION	14s DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
40 40 6	1 .	21a. ACCIDENT WAS UNDERLING.	216. TIME OF INJURY	21. HOW MILERY OCCUP	YES NO RED (ENTER NATURE OF INJURY II	YES NO
A THE SOLE A		OR CONTRIBUTING CAUSE OF E		DAY YEAR	KED (ENTER NATURE OF MIJURY II	THEM IS PART I OR PART 2)
SY ST	MEDICAL	(IF EITHER, HOTHY MEDICAL EXAMP 214 INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 21f. LOCATION		
# # # P P P	AE .	went [] NOT WHIT []	(AT HOME, STREET, FACTORY, OF		CITY OR TOWN	COUNTY STATE
A P P P P P P P P P P P P P P P P P P P			spital) attended the deceased fr	om19	to-	, 19, that (I) (we)
Z1 852 -		sau the deserved alive				and hour and from the causes stated
M. S. S. B. W. L.		abave, (l) (we) (did) (did	not) view the body after death.	DEGREE		22c. DATE SIGNED
A 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			13	ATTENDING	DIRECTOR PHYSICIAL	1.110~
the hospital to the hospital t		16-				
PIFAL OR ATT by the bouping ERAL DIRECT or defoched for Shore Dept of AANT, if here 2		214 PHYSICIADO NAME ITH	rge DC		_ DIRECTOR THISICIA	NU III
HOSPITAL OR ATT TOWNERAL DIRECT Unit be detected to The Store Dept of The Store Dept of	1	THE PHYSICIAN NAME (THE	rge DC	22e ADDRESS		NA TITELY
TO HOSPITAL OR ATT returned by the hospital TO FUNERAL DIRECT should be deteched for with the State Dept of IMPORTANT, if here 2	6	GEO		22. ADDRESS 8601 C-5	LORGE PA	MEK HWY
TO HOSPIFAL OR ATT returned by the house TO FUNERAL DIRECT should be denothed to with the Store Dept of IMPORTANT, if here 2	134	THE PHYSICIAN NAME (THE		220 ADDRESS 860 C C	23d LOCATION	COUNTY HOSTATE
₽ ₽ ₽ ₹ \$ / BP	234	GEO		220 ADDRESS 8601 CE 221 NAME OF CEMETERY OR CREMATORY	23d LOCATION A	CINER HWY
DHOSPITAL OR ATTEMPT TO HOSPITAL OR ATTEMPT T	\ \tag{\frac{1}{2}}	GEO		220 ADDRESS 8601 CE 221 NAME OF CEMETERY OR CREMATORY	23d LOCATION A	CINER HWY



CERTIFICATION

MEDICAL

FOR STATE REGISTRAR	cia Le	DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. NO.	2/39	
OECEASED NAME FIRST		E	dfe1	dt dt	January 20 198	20. HOOK 22	
Female	4. RACE Whi	te	S. DATE C			FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	
Maryland 7b. Citizen of what cou		HAT COUNTRY?	Y? 8 MARRIED □ NEVER MARRIED □ WIDOWED □ DIVORCED □		9 BALTIMORE CITY OR COUNTY OF DEATH Prince George		
			L NURSING HOME OR OTHER INSTITUTION		126 USUAL OCCUPATION (TYPE TOUSEWI FE	126. KIND OF BUSINESS OR	
Maryland Pro		VE RESIDENCE BEFORE A		13d. INSIDE CITY LIMITS? YES NO	6264 ADECIMATESE	Street 20747	
FATHER'S NAME William	MIDDLE	Farrall	L	15. MOTHER'S MAIDEN NA/	WE	Winks	
WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,		578 30		17 INFORMANT Mildred E F	ADDREBalt: Rhoads 3908 Kla		
18 CAUSE OF DEATH (Enter PART). DEATH WAS CAU IMMED	ISED BY: IATE CAUSE (a)	ne for (0), (b), and	120	-spiratory	Failure	APPROXIMATE INTERVAL BETWEEN ONNET AND DEATH HOUST I Week	
	(c)	AS A CONSEQUE		- / / / - / /	LUNG DISTEST	Montas NINPART 100	
Z O							

PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \(\text{NO}\)
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STA
22a 1 cartifu that (1) (this hasnital)	attended the deceased from	1 /1010 5	2 10 -1	126 1987 that (1) (w

saw the deceosed alive on abave, (I) (we) (did) (did not) view the bady after death. DEGREE 22c DATE SIGNED 1-20-87 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

231 NAME OF CEMETERY OR CREMATORY

M Goldman

23a. BURIAL, CREMATION, REMOVAL

Hanover Pkwy Greenbelt Md 20770

and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

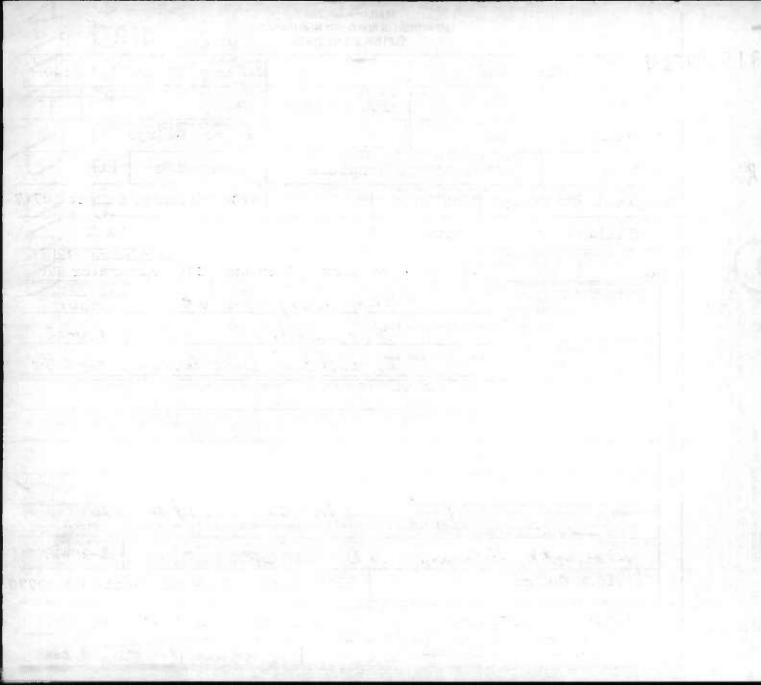
(SPECIFY) Burial 23Jan1987 Cedar Hill Cemeter

Suïtland Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Wilhelm Funeral Home Maryland 24 FUNERAL DIRECTOR Robert E NAME Suitland

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



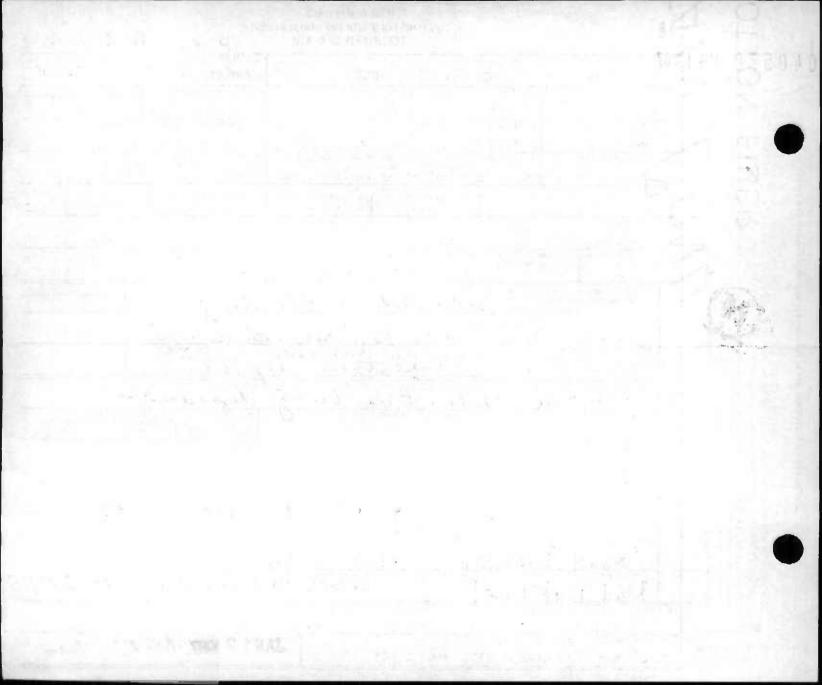
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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	REG.	NO.	0	2	1	4)	1
7.5	DEATH	MONTH	DAY	VE A D	- 1	HOUR	

REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	6	-	
JAN J. DECEASED NAME FIRST	MIDDLE	L	AST	2a. DATE OF DEATH		YEAR	2b. HOUR	
Valda	C.	E	LY	January 9,	1987		10:54E	
3. SEX	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		NDER 1 YEAR	IF UNDER 24 H	
Female	White	June		69	YRS.	HS DAYS	HOURS M	
7a BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8.	□ NEVER MARRIED □	9. BALTIMORE CITY OR COUNTY OF DEATH				
Massachusetts	United States			Prince Geor	rge's Co	nunty		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NE	URSING HOME O		12a USUAL OCCUPATI	ON I		BUSINESS	
Lanham	Doctor's Hosp.		Pr. Geo. Co.	Housewife , Own home				
USUAL RESIDENCE (IF NURSING NAM	E OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		La CINCET ADDRESS	710 0000	0	Gas	
<u> </u>	olk Winter		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS A		Drive	1 33	
N L AITER STAME			15 MOTHER'S MAIDEN NA		arrocce	DITAG	/ 33.	
20 5/6	MIDDLE (AS		FIRST	MIDDLE		LAST	1	
Chester Chester Was DECEASED EVER IN U.S.	APMED FORCESS THE SOCIAL	SECURITY NO.	Florence 17 INFORMANT	ADDRE	22	Brads	naw	
	, GIVE WAR OR DATES)		17 IIVI ORMAINI	9 B	ss acon Sti	reet		
No	015-19	9-9109	Robert A. Tro	otter, Pep	perell,	MA	01463	
18. CAUSE OF DEATH (Ente	r only one couse per line for (o), (b	bl, ond (c).1	- 000	1 .	1	BETWEEN O	NATE INTERVAL NSET AND DEA	
	DIATE CAUSE (6) Gastre	cullate	nal Ble	edens				
	nt conditions contributing	G TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or con		N PART 1(o	1	
190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYING	G CAUSES		
21a. ACCIDENT WAS UNDERLYING	110110 111 11011	I DAY VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2}		
OR CONTRIBUTING CAUSE OF		DAT TEAK						
21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TO		COUNTY	STATE	
WHILE NOT WHILE AT WORK 270 L cartify that (1) (this by	(AT HOME, STREET, FACTORY, O	OFFICE, FARM ETC)	ZIKEEI	CITORIO	MIA	COUNTY	STATE	
220.1 certify that (I) (this he	ospital) attended the deceased for	rom	10.87	101191	10	37	hot (I) (we)	
sow the deceased alive	on	4-7	d that in (my) (aur) opinion o	death occurred on the de	ote and hour an	-		
obove, (I) (we) (did) (did)	not) view the body ofter deoth.		DEGREE		-	22c DATE S		
10 ±	Dakheol	M.	ATTENDING	MEDICAL STAI	F IAN []	THE DATE O	NONED	
22d PHYSICIAN'S NAME (1)	PE OR PRINT)		122- ADDDECC		^ -	4.3	0	
The bod of the bed of	Khee		14300 Galla	nt tex Lnge	Sowie	MD	90	
230 BURIAL, CREMATION, REMOV	/AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	co	UNTY	STATE	
Burial	1-13-87	Peppere.	ll Cemetery	Pepperel	l, Massa	achuse	tts	
24. FUNERAL DIRECTOR Hami	lton Funeral Ho	ome	25aJDAA	ENECID O REGISTEAR	256 REGISTRAP	SIGNATU	IRE	
15, 4) P. O. Box 167,			J JA	MIT O 1201	CHARLE WOO	ndern. T	andaes.	



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	FOR STATE REGISTRA	R		DEPARTA		EALTH AND MENTAL HYG	0 /	(EG. NO.	0 2	/	4			
3	T. DECEASED NAME FIRST			MIDDLE LAST			20 DATE OF DEA	_	DAY	YEAR	2b HOUR			
1	(TITE OKPKINT)	James	S	David	E	mmell		1	24	87	5:30	M		
1	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS	DAYS	IF UNDER 24	MIN.		
1	Male		White	2	May	7 1929	57	YRS						
1	70. BIRTHPLACE	(STATE OR FOREIGN		CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH							
		New Jersey U.S.A.			widowed Divorced XX									
2	The U.S. Company of the Company of t			ch FACILITY, GIVE STREET Id Memoria						DUSTRY	S. C.	SOR		
1	Marylan	13b. COL		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Hyattsv	'N	13d. INSIDE CITY LIMITS? YES NO [13e STREET ADD 6700 Be	RESS / ZIP CO elcrest	Rd.	(2078	2)		
4	14. FATHER'S NA		WIDDLE	LAST		15 MOTHER'S MAIDEN NA		IDDLE		LAS	ī			
7	Che	ster	N.	Emmell		Margaret		-		ic Ke				
		WAS DECEASED EVER IN U.S. ARMI		VAR OR DATES)						RESS 5904 Halsey Rd.				
	Yes		rean	578 34	8294	Timothy C. E	Emmell Rockville Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH.							
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		1				NOT RELATED TO THE TERM	AINAL DISEASE OF	S CONDITION (SIVEN IN	PART 110	3			
-					TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDING CERTIFYING CAUSES OF YES NO YES						
		NT WAS UNDERLYING UTING CAUSE OF D NOTIFY MEDICAL EXAMIN	HOUR A	DF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM I	18 PART I OF	PART 2)				
	OR CONTRIB (IF EITHER 21d. INJUR WHILE AT WORK	WHILE NOT WHILE		OF INJURY REET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET		CITY OR TOWN			COUNTY STATE					
	sow t	y that (I) (this has he deceased alive o , (I) (we) (did) (did)	n 1/2	Y19	87.0	nd that in (my) (our) opinion	death occurred or	the date and h	nour and		that (1) (we causes state			
	22b. SIGN		76-		N	DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR 1	STAFF PHYSICIAN I	. 2	2c. DATE	SIGNED . Y/G-	7		
		CIAN'S NAME (TYPE		122.	NAME OF	ne. ADDRESS Leland Ho EMETERY OR CREMATORY		iverdal	e Md.					
	AND DURIAL, CRE	MATION, REMOVA	AL ZJU. DATE	230.	-Anc Or C	EMETERT OR CREMATORY	CITY OR I	OWN	COM	NITY	57.	ATE		

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BURIAL

1-28-87 Gate of Heaven Cem

Silver Spring-Montgomery-Md.

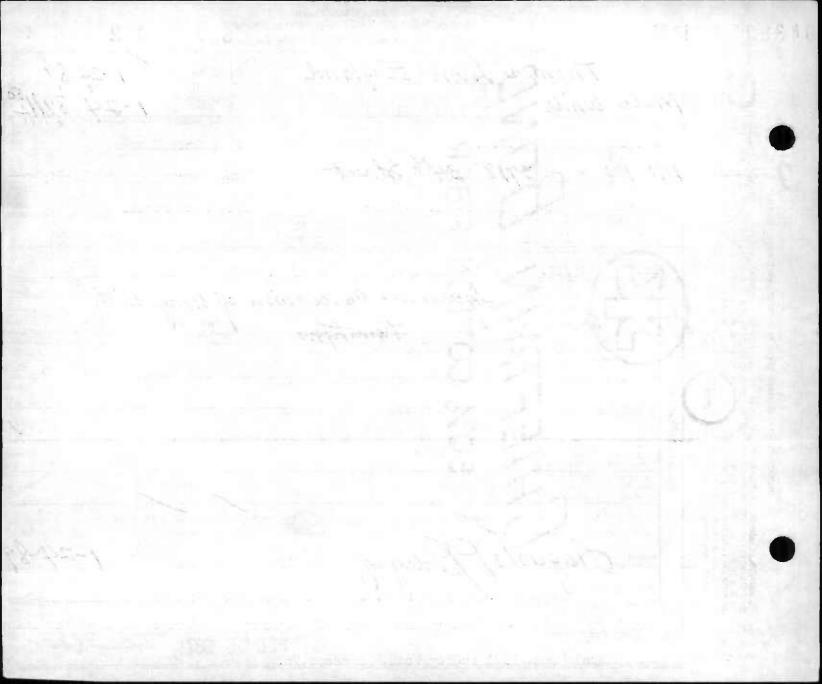
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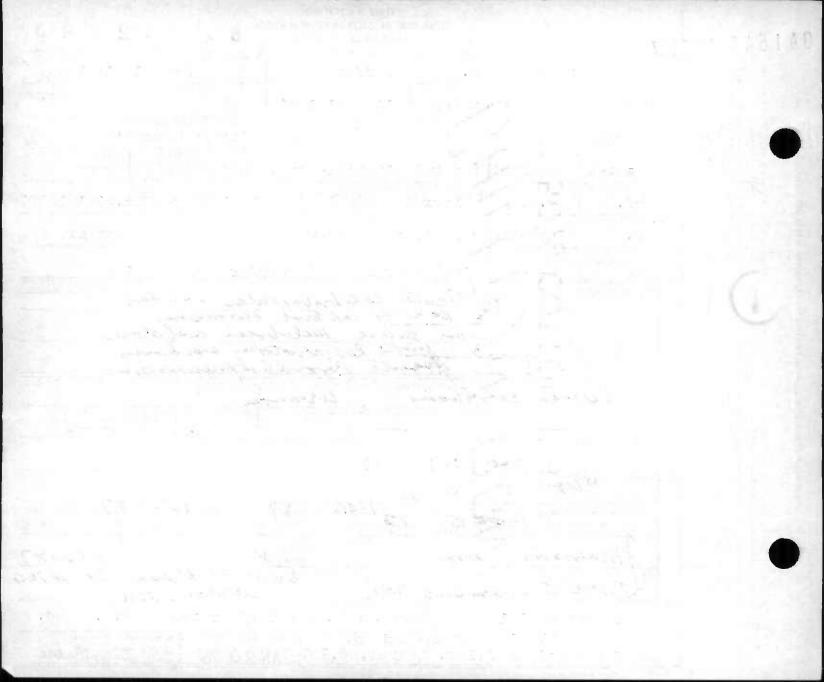
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e 6.t		ECEASED NAME FIRST					2a DATE OF DEATH M			1987	b. HOUR	
oge deot	_	Joanne						Jan			3.40 M	
ge 4 mc ector, p irs ofter	3. S	female	4. RACE Cauca	sian	5. DATE OF BIRTH 31 1921		6. AGE (IN YEARS LAST BIRTHDAY) 65 YRS.		MONTHS	MONTHS DAYS HOURS MIN		
nerol dir	7a. l	BIRTHPLACE ISTATE OR FOREIGN COLUMN RY) Maryland	1 115 1			MARRIED NEVER MARRIED U		Prince Lenrages				
iled with	1 10.0	Laurel	Greater	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GreaterLaurelBeltsvilleHosp. 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST FOR WORKING LIFE) INDUSTRY Housewife Home							BUSINESSOR	
24 He filled in puld be f	J 13α.	JAL RESIDENCE IF NURSING HOME O STATE Md. 136 CQU	ROTHER INSTITUTION, GIV	Laure	ADMISSION)	13d. INSIDE CITY LIMITS?	133451	ADDRESS / ZIP Andre	w Ct.	#201	20707	
MARYLA ed thin end 2 sh		ATHER'S NAME	ederick	Rusic		15. MOTHER'S MAIDEN NA Anne	ME	WIDDIE	K	aspe	r	
IIMORE, be erecu Page II	16a	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GE	VE WAR OR DATES)	6. SOCIAL SECU 16-20-		17 INFORMANT B Philip Fe	ffer	same	as 13		TE INTERVAL SET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the depth certificate be executed whin 24 when this certificate has been signed by the attending physician. When the certificate permit. Then please ramove carbon permit properly filled as the buriol-transit permit. Then please ramove carbon permit page 1 and 2 should the and Mental Hygiene prior to buriol, cremation, or amount the medical connection orked or them 18 shows only injury, or other traumant. Herm the medical connections.	RTIFICATION	Canditions, if any, which gave rise to immediate cause (0), stating the underlying cause lost.	TE CAUSE (d. C.) ONE TO COMPLETE (d.) CONDITIONS CON	S A CONSTOUR S A CONSTOUR TRIBUTING TO D	NCE OF RECEION NCE ION DEATH BUT	LEADER TO THE TERM WHEN WHEN	rac.	alle alle uun e or condition		PART Trai		
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DIVISION OF VI DING PHYSICIAN: or other ding phys After this certificate e as the buriel-troa oith and Mental Hy morked or Item 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	R) 3 40.M. 21e. PLACE OF (AT HOME, STREET	FACTORY OFFICE, F.		21f LOCATION STREET		CITY OR TOWN	c	DUNTY	STATE	
HOSPITAL OR ATTEN ined by the hospital FUNERAL DIRECTORS. In the State Dept. of He ortany: if them 21 is		22a.l certify that (I) (this hosp saw the deceased alive a obove, (I) (we) (did) (did not	n) — GFF ot) view the body/aft	ler deoth.		d that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN [deoth accurre	STAFF		,		
BP C of 3 A	230	BURIAL, CREMATION, REMOVA (SPECIFY) Cremation		231	IAME OF C	EMETERY OR CREMATORY Wash.Creamt	ory T		Pou	·G.	Md⁴₽	
DHMH - 16 60M 7/8 (VRA 15, 4)		FUNERAL DIRECTOR Fleck Funera	/601 San 1 Home,]					987 4		SIGNATU		



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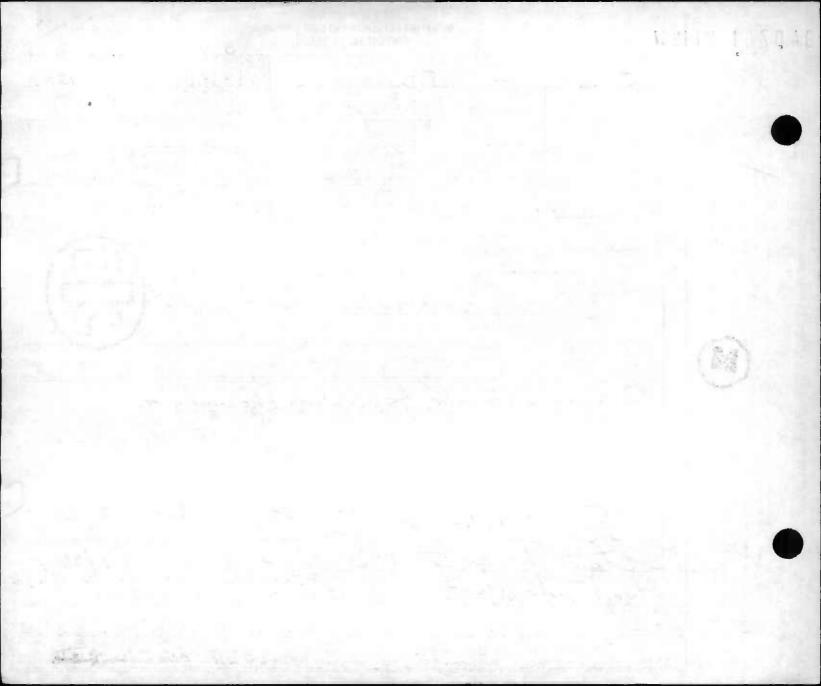
TO HOSPITAL OF ATTENDING PHYSICIAN. The retained by the hospital or attending physicia

STATE OF MARYLAND

4	TATE REGISTRAR			FICATE OF DEATH			
1. DE	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MON	TH DAY YEAR	2h HOUR
	E OR PRINT)	Leo F	=+	01111100	113187		1228
3. SF	x Joesph	14 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEA	
	ale	Caucasian		ie 12, 1912	74	MONTHS DATE	HOURS MI
70 B	IRTHPLACE STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTR		37	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
I	COUNTRY) Llinois	U.S.A.	MARRIE	PED NEVER MARRIED	Prince Geor		
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		The state of the s	12a USUAL OCCUPATION	17b. KIND	OF BUSINESS (
Gı	ceenbelt	Greenbelt Conv	alesce	ent Home	Administration	WONG LIFET INDUSTRY	Gov't
	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BET	FORE ADMISSION)	1)	Law Judge		000 2
Ma	aryland P.	G. Greenb		YES X NO [136 STREET ADDRESS / ZIP 2B Woodland V	Vay, 2077)
14. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE	,	ACT
Ov	ven	Fitzmauri	.ce	Nora	MIDDEL	Buckley	ASI
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS		
No	YES NO OR UNKNOWN) (IF YES, C	217-34-	1344	Mary M. Fitz	maurice, Spous	se, Same a	s line
			ebral	/ Vascular	Acciden	, / •	TONGE AND BEA
CATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSECT OF TO THE TOTAL OF T	OUENCE OF	TNOT RELATED TO THE TERM	DISEASE OR CONDITION 1700 AUTOPSY? 1706	ON GIVEN IN PART I	INGS USED
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AL CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse fol, stating the underlying couse lost. PART OTHER SIGNIFICANT PART OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSECT OF TOO BUTTONS CONTRIBUTING TO SCONDITION FOR WHILE OF INJURY HOUR A.M. MONTH	DUENCE OF DUENCE OF TO DEALW BUT S ICH OPERATIO	TNOT RELATED TO THE TERM ON WAS PERFORMED	DISEASE OR CONDITION ACUMON 200 AUTOPSÝ? 20b	ON GIVEN IN PART 1	INGS USED S OF DEATH?
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FOR

STATE OF MARYLAND

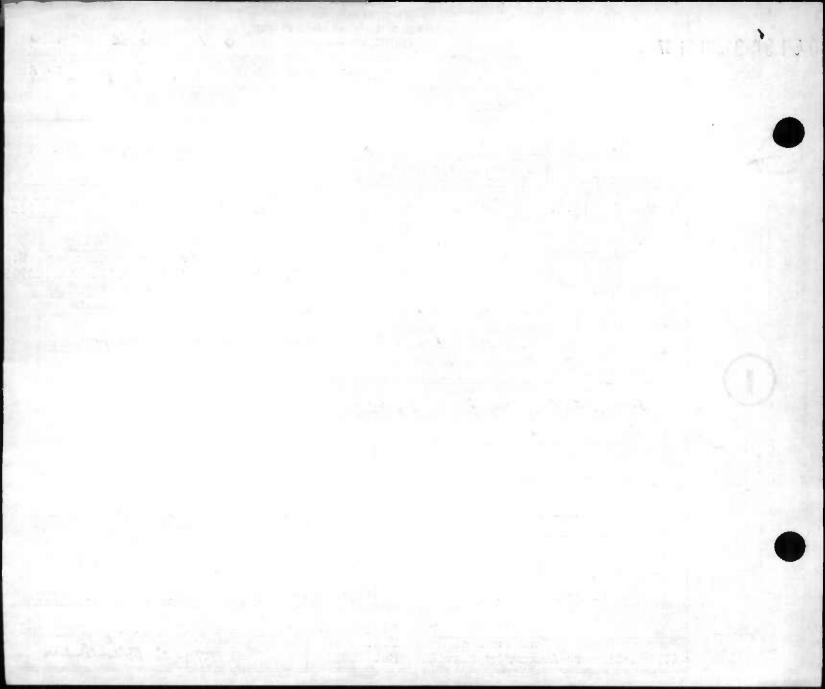
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3. S	Fema	ale	1	Whit	te	5 DATE C		6. AGE (IN YEARS	LAST BIRTHD	YRS.	IF UNDER I Y	AR IF UNL	DER 24 H
76.	BIRTHPLACE COUNTRY)		REIGN 7	b. CITIZEN OF	WHAT COUNTRY	MARRIE	DIVORCED	9 BALTIMORE					
10	CITY OR TOW			CIE NOT IN SUC		T ADDRESS)	OR OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK FO Housewi	CUPATION R MOST OF W	4	E) INDUST	D OF BUSI	INESS
13 ₀	Marylar	id I	g home or c 3b COUN P · G ·	OTHER INSTITUTION	GIVE RESIDENCE BEFO 13c CITY OR TOY Mitchel	RE ADMISSION) WN LVILLE	- 1,53	13e STREET ADD 4510 Ho	ress / z lmeh	IP CODE urst	Way,	West	2
1	Cha	rles	N	HDDLE	Shocke	ey	15. MOTHER'S MAIDEN NA Mary	ΕÎ	len			i.11er	
16a	WAS DECEA NO OR UN	SED EVER IN (NOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SEC 220-34-8		Patricia F.				lmehu Llvil		
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MEDICAL CERTIFICATION	90ve ris couse (i underlyin PART 2 O	THER SIGNIF	FICANT CO	DUE TO, O C(c) DNDITIONS CC 195 COND 21b. TIME C HOUR A. P. 21e. PLACE	ONTRIBUTING TO	DEATH BUT DEATH BUT DEATH BUT DEATH BUT DAY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPS YES N RED (ENTER NATURE)	R CONDIT	ZOB. IF YES IN CERTIFY YES	EN IN PAR , WERE FIN YING CAU	IDINGS US SES OF DE NO	ATH?
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20	1	0	2
0	REG. NO.	()	ding

	4 8	FOR STATE REGISTRAR		ARTMENT OF H	EALTH AND I		B REG. N	0	2 /	41
	1. DEC		EMILY DOLE COX	F Dut	File	ν	20 DATE OF DEATH	MONTH DAY	- 87	26. HOUR TO 12 PM
	J. 3EA	Female	Caucasian	Mar	DAY_	110 110	98		NTHS DAYS	HOURS MIN.
ŕ	C	OUNTRY)	b. CITIZEN OF WHAT COUN	TRY? 8.	D NEVER A	AARRIED -	BALTIMORE CITY		FDEATH	4
1		ORTOWN OF DEATH	USA F. NAME OF HOSPITAL NI (TIF NOT IN SUPPLICITY, ME	JRSING HOME O		ORCED	17st USUAL OCCUPAT	TION OF WORKING LIFE)	IMDUSTRY	BUSINESS OR
4	ISUA	L RESIDENCE (IF NURSING HOPE OR O	THER INSTITUTION, GIVE RESIDENCE	BEFORE ADMINISTRAL	.CII		Homemake		Hon	ne
	ME	aryland Char	les Wald	orf	13d. INSIDE C YES 🔲		930 Cop1	EY AVE	2 / 20	0601
	14. FA		DDLE LAS	т		MAIDEN NAM	WIDDLE	irphy	LAST	
	16a W	(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	SECURITY NO.	17 INFORMA		AD.DR		11.4	
-		18. CAUSE OF DEATH (Enter only		8-5366	Kuth	L. hic	JMETT	-same	-	13-
		PART I. DEATH WAS CAUSED	BY:	Con	es true	Henr	Pail are		BETWEEN OF	Days
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS	U	In Ferio	s les tre	heart De	isere	10 5	y ears
	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	S, TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN	IN PART 110	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	MICH OPERATIO		RMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	GS USED OF DEATH? NO
7		2)0 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	I OR PART 2)	5 4
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.)	211 LOCATIO STREET	N C	CITY OR TO	OWN	COUNTY	STATE
		220.1 certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)	Jan 10	/1	nd that in (my)	, 19 8 7 (our) opinion de	, to the d	. 19		not (I) (we) lost ouses stated
		226. SIGNATURE	In & you			TTENDING PHYSICIAN []	MEDICAL STA		22c. DAJE S	S7
		228. PHYSICIAN'S MAME ITHE OF	Sol you	nej	22e ADDRES	5 / Xn	myston	RD	207	IT WAST
	23a. B	URIAL, CRIMATION, REMOVA SPECIFYI Burial	236. DATE 1-14-87	23c NAME OF C		REMATORY CM	Suitian	d, Pr	Geo,	Md STATE
	24 511	INTERNAL DIRECTOR	D C	0	400	104 - 0 475	DECID BURECISTE	JAN		

DHMH - 16 60M 7/84

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IMPORTANT: If Item 21 is morked or Item 18 shows ony Injury, or other in

Huntt Funeral Home (VRA 15, 4)

P. D. Box 156 256 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Waldorf, Md 20601 JAN 13 1987

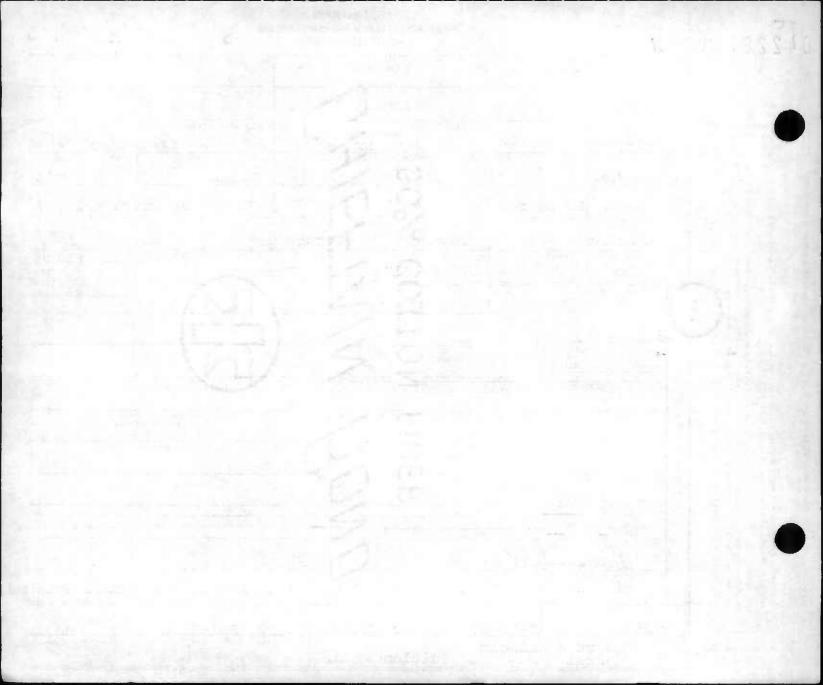
rests ' sounsates acres 28, mans - 38 TOTAL VENEZA CO N TOTAL MELENIA BRIGHT BRIEFARM Aspendig of the Aspend Ambige L. Collins 168 cm to me from a 2020 cm . The field to form MET WALL winest summer all more a stears, but Publicable I was in the more stands

	1. DE	CEASED NAME	FIRST		MIDDLE		ICATE OF DEATH	REG. I		DAY YEAR	26 HOUR
		E OR PRINT) ES	stelle	е	MIDDLE	Fow	ler		ry 19,		7:45 am
	3. SE	Female	1	White		Augi	ust PAS 1898	6. AGE (IN YEARS LAST E	88 YRS	MONTHS DAYS	R IF UNDER 24 HRS
35	LOSS CO.	Maryland	OHLIGN 7	USA	WHAT COUNTRY	? 8 MARRIEI WIDOWE	D NEVER MARRIED D	BALTIMORE CITY	_ //	ON BE.	S B MD.
6	1	LINTON		So M	HEACHITY, GIVE STREE	NP (HOSP.	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Clerk			
3	130 5	AL RESIDENCE (IF NURSIN STATE aryland	Pr Ge		Forest	WN.	136. INSIDE CITY LIMITS? YES NO	8210 Ste	eve Di	rive	20747
26	1"	Charles	MI	D	Thomp	•	15. MOTHER'S MAIDEN NA Gertruc	le MIDDLE		ayes	AST
1		WAS DECEASED EVER II YES, NO OR UNKNOWN)		NED FORCES?	579-60		Note of the state	ompson F	3316 E Bethes	Briley sda M	Place
			IMMEDIATE	DUE TO, O	R AS A CONSEOL	UENCE OF				BETWEEN	XWATE INTERVAL ONSET AND DEATH
_)		Canditians, if any, gave rise to imme cause (a), stating underlying cause	which nediate g the last	DUE TO, OI	R AS A CONSEOU COTONATY R AS A CONSEOU	UENCE OF UENCE OF	arction y disease	MINAL DISEASE OR CO	NDITION GIV		
9	THICATION	Canditians, if any, gave rise to imme cause (a), stating underlying cause	which mediate g the last	DUE TO, OI (b) DUE TO, OI (c) DNDITIONS CO	R AS A CONSEOU COTONATY R AS A CONSEOU DOUTRIBUTING TO	UENCE OF ARTER	ry disease	AINAL DISEASE OR CO	20b. IF YES		ra INGS USED
2	MCAL CERTIFICATION	Canditions, if any, gave rise to immediate (a), stating underlying cause PART 2. OTHER SIGN 9a DATE OF OPERATI 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL (IF EITHER NOTHY MEDIC)	which nediate g the last	DUE TO, OI DUE TO, OI DUE TO, OI (c) DIDITIONS CO 196 CONDI 216, TIME O HOUR A.	R AS A CONSEOU COTONATY R AS A CONSEOU DITTIBUTING TO ITION FOR WHICH IF INJURY M. MONTH E M.	UENCE OF ATTER UENCE OF DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF	VEN IN PART 1 S, WERE FIND EYING CAUSE SS	INGS USED S OF DEATH?
4	MEDICAL CERTIFICATION	Canditians, if any, gave rise to immeasure (a), stating underlying cause PART 2. OTHER SIGN 9a DATE OF OPERATI 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL COURSE) HILL NJURY OCCURRE HILL NOT WHILL WORK NOT WHILL WORK	which nediate g the last	DUE TO, OI DUE TO, OI (c) DIDITIONS CO 19b CONDITIONS CO 19b CONDITIONS CO 17b TIME OI HOUR A 21b PLACE (1AT HOME STR	R AS A CONSEOU COTONARY R AS A CONSEOU ITION FOR WHICH IF INJURY M. MONTH E M. OF INJURY REET FACTORY, OFFICE.	UENCE OF ATTER UENCE OF DEATH BUT H OPERATION DAY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN.	20b. IF YES IN CERTIF YE	VEN IN PART 1 S, WERE FIND YING CAUSE ES D PART 1 OR PART 2) COUNTY	INGS USED S OF DEATH? NO
if them 2.1 is macked or than 18 shows any injury, or other/traumonif events,		Canditions, if any, gave rise to imme cause (a), stating underlying cause PART 2. OTHER SIGN 9a DATE OF OPERATI 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDIC) 21d. INJURY OCCURRE	which nediate g the last. WIFICANT CO	DUE TO, OI DUE TO, OI CO DUE TO, OI CO DUE TO, OI CO DUE TO, OI CO ON DITIONS CC	R AS A CONSEOU COTONARY R AS A CONSEOU DITION FOR WHICH OF INJURY M. OF INJURY REET FACTORY, OFFICE. e deceased fram, after death.	UENCE OF ATTER UENCE OF DEATH BUT H OPERATION DAY YEAR 19 FARM EIC) Oct. 87, on	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUP	200 AUTOPSY? YES NO CITY OR I	20b. IF YES IN CERTIF YE JURY IN ITEM 18 F	S. WERE FIND EYING CAUSE SS D PART 1 ORPART 2) COUNTY 19 87	INGS USED S OF DEATH? NO STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

^{24 FUNERAL DRECTOR} TE Wilhelm Funeral Home

Suitland, Md.



043106 FEB +5 SEPERISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE I. DECEASED NAME KNOWN (TYPE OR PRINT) OF ON STREET. DEATH MATED DATE OF BIRTH AGE (IN YEARS UNDER 1 YR. IE UNDER 24 HRS DATE LAST BIRTHDAY) YOUR PRONOUNCED Sept. 28, 1908 DEAD 78 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FORFIGN COLINTRY United States DIVORCED Prince George's Georgia 8. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS District Heights 器 Food Serv. Employee Food Service 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Pr. George's District Hots. Tanow Place SZZ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME SAL, GIVE PAL 4 FORM MIDDLE LAST Senjamin Franklin Alice Rivers 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING". IN PENCIL IN ITEM 18. GIVE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMILER ALONG WITH FOR PENDING MEAN TO FUNEAUL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALTMORE, MARYLAND, 21201 PRIØR TO BURIAL, CREMATION, OR REMOVAL. ADDRESS Heights. Md. (IF YES, GIVE WAR OR DATES) 577-05-6680 Treny B. Franklin, 1817 Tanow Pl. District CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO # 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR TING I CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY 21d INTURY OCCURRED 211. LOCATION AT WORK | NOT WHILE STREET, FACTORY, FARM, ETC 1 CITY OR TOWN STATE COUNTY 220. I certify that I took charge of the remains described above, held an Autonsy Inspection and in my apinian death resulted from Natural causes Accident Suicide Hamicide Undetermined monner TITLE (SPECIFY) Deputy EXAMINER'S NAME Rodriguez. M.D. ADDRESS 5009 Rayburn Ct Temple Hills, MD Augusto TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LÓCATION 1/31/87 Burial Harmony Memorial Park Highland Park, Pr. Gao. 07/B4 BP Pr. GBO. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR Washington, D.C. **DHMH - 17**

McGuire Funeral Service 7400 Georgia Ave. N. W.

(VR A15 ME (5))

STATE OF MARYLAND

Sept. 28, 1998 78

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Benjamin Franklin

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577-05-5680 Treny B. rranklin, 1817 Tanow Pl, District

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turial '3'/87 Harmony amorial tark Highland Park, Pr. Sec., Id.

Washington, D.C.

Course Juneral Corvice 7400 Georgia (vs.

completely filled in by the funeral director, page 3 1 and 2 shauld be filed within 72 hours ofter death

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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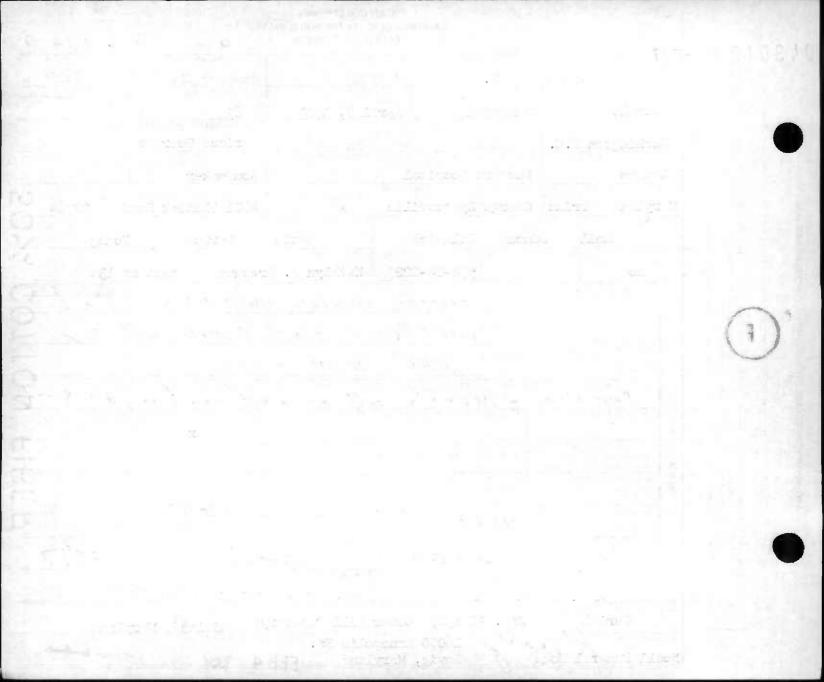
	1 -	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	IENE 8 REGINO	0 2	150
-		EASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	11112	Kathery	me H.	FREE	EMAN	January 28	1987	5:25P M
	3. SE		4. RACE	S. DATE (6. AGE (IN YEARS LAST BIR		
		Female	Caucasian	Apr		83	YRS	MIN.
2		OUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	10. 10	ashington D.C.	USA	WIDOW		Prince Ge	eorges	MD.
3		anham	11. NAME OF HOSP (IF NOT IN SUCH FACIL Doctors I	ITAL, NURSING HOME (LITY, GIVE STREET AGORESS) IOSPITAL	DR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemaker		D OF BUSINESS OR RY
5	130 S Ma.			ITY OR TOWN	134 INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS / 4801 Glenc	zip code oak Road	20784
4	14 FA	THER'S NAME FIRST Emil E	Edmond He	ellmich	is. mother's malden name is the Katie	Barron	Youn	LAST
1		(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 S	OCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	- 5
/	,,	no		78-24-2227	Kathlyn P. F	reeman	same as 13	e
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE OF	vascouna 7	Monom hos	and :	ROXIMATE INTERVALEN ONSET AND DEATH
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF PART 2 OTHER SIGNIFICANT OF PART 2 FT IN 190, DATE OF OPERATION	1 sto	BUTING TO DEATH BUT	y Itemic yel	INAL DISEASE OR CONI	DITION GIVEN IN PART FOR GO ZOB. IF YES, WERE FIN IN CERTIFYING CAU	1. Bleed,
< ∣	TIF					YES NO	YES [NO [
7	MEDICAL CER	216, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF OF OF ALL OF THE OFFICE OFFI	HOUR A.M.	MONTH DAY YEAR 19	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	?)
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA	CTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	wn COUNTY	STATE
		220.1 certify that (I) (this hasp sow the deceased alive on obove, (I) (we) (did) (did no 22b. SIGN (TURE)	1-58-1	death, o	nd that in (my) (aur) apinion of DEGREE ATTENDING	death occurred an the do	22c. D/	the causes stoted
		Roger B. In		Hatt's	27e ADDRESS 6510 Kenilwe			Md. 20737
		URIAL, CREMATION, REMOVAL SPECIFY) Burial			EMETERY OR CREMATORY Hill Cemeter	23d LOCATION	COUNTY	STATE
4		INERAL DIRECTOR NAME all Funeral flow	eally in	16000 Annar Bowie, Mary	OTIP MO.	E REC'D. BY REGISTRAR		VATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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to FUNERAL DIRECTOR, A should be detached for use with the State Dept, of Heal

MPORTANT, IF No



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oy be deoth		CEASED NAME FIRST LORA	WIDDIE	REEHAN	2a DATE OF DEATH A	1 29 8	7 1335 N
ge 4, moy by ector, page rs offer deoi	3. SE.	· F	4. RACE W	5. DATE OF BIRTH	6. AGE LINYEARS LAST BIRTH		EAR IF UNDER 24 HRS AYS HOURS MIN.
nord directly hospital directly and many that house the many that	7	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MORCED	Prince C	COUNTY OF DEATH	Co. MI
The start of the s		Laure)		HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF EXECUTIVE	N 2 12b. KIN WORKING LIFE) INDUST	ID OF BUSINESS OR
filled in Sould be f	13a. S	TATE NIL COUN		OMISSION) 13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS /	ZIP CODE	20909
mpletely ond 2 sh) FA	THER'S NAME	McClellano	15. MOTHER'S MAIDEN NA	MIDDLE	H	elm
Pogol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECUR E WAR OR DATES) 164-38-	8203 Laurie F. G	oldstein 3	309 NEES	CANE
g physicial on popers, emavol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one cause per line for (a), (b), and D BY:	· · · · · · · · · · · · · · · · · · ·		BET W	KOXIMATE INTERVAL EEN ONSET AND DEATH
NG PHYSICIAN: The low sequifer that the deoth certificate be executed within 24 hours cottending physician. The this certification is been stored by the ottending physician and completely filled in by so the buriol-transit permit. The place remove carbon papers. Page 1 and 2 shall be fill the and Mental Hygiene priorite buriof, cremotion, or removal. Our sedag tem 18 stows any injury, or other troumottic event, the medical examiner has been orked at tem.		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	SEOF DEATH			
durer n separation in luny, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	AN DISEAS		ITION GIVEN IN PAR	T 1(a
The low site has been site has been site has been site permits.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY? YES NO NO	ZOB IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED ISES OF DEATH?
iYSICIAN: T ding physici is certificate by obriol-transi Mentol Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY	YEAR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART	2)
DING PHYSICIA or attending p After this certite os the buriols olth and Mental marked of tem	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FAR	PM, ETC.) 211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
TTENDIN pitol or TOR: Af for use of Health		saw the deceased olive an	tal) attended the deceased fram	ET, and that in (my) (aur) opinion	., 10	e and hour and from	_, that () (we) los the couses stated
AL OR A the hos AL DIREC Jetoched ore Dept. T. If Item		G. AA CO	UPTON M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	-	29-87
TO HOSPITAL retained by the TO FUNERAL should be detroined to with the State with the State IMPORTANT: I		274 PHYSICAN STAN	Villet HA	22e. ADDRESS	rry Ln Las	irel Mi	2070
5 € 5 € 3 ₹ 7	23a	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	A FRUNTY 1	HAVA

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	21	REGISTRAR				CERTIF	ICATE OF DEA	TH	8	REG. N	o. U	4	1	-3	Gran .
1		CEASED NAME	FIRST	,	MIODLE	L.	AST		2a DATE O	FDEATH	MONTH	DAY	YEAR	2b HOL	JR
1	(live	OKPRINT	HELEN]	В	FUTC	HIK				JAN	05	87	1:5	0р м
	3. SEX	(4.	RACE		5. DATE C			AGE (IN)	EARS LAST BIR	THDAY)	IF UNDE	DAYS	IF UNDER	
	Fe	emale		Caucas	ian	Augus	t 25 19	913	71		YRS	MONTHS	DAYS	HOURS	MIN.
	7a. 81F	RTHPLACE (STATE OR FO	DREIGN 7b	CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARI	DIED []	BALTIMO	RE CITY O		Y OF DE	ATH		
5	Vi	lrginia		U.S.A.		WIDOWE		CED	Pr	ince	Georg	ge is			MD.
9		TY OR TOWN OF DEA	TH 1		HOSPITAL, NU		R OTHER INSTITU		12a. USUAL			12b.	KINDO	F BUSINI	-
1	Ca	amp Springs	3	Malcoli	n Grow	Medical	Center		Hous	ewife	WORKING	(IFE) IND	N/A		
1	13a. S		13b. COUNTY				13d. INSIDE CITY L	LIMITS?	13e STREET .	ADDRESS	ZIP COL	DE RO	ad	2074	4
+		THER'S NAME	11100	0028			15. MOTHER'S MA			11220	1100 #2	11 1100	200		
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		VAS DECEASED EVER I		ED FORCES?	16b SOCIALS		17 INFORMANT			8100	SSAlle	ento	wn R	oad	
		No			577-26	-5541	William	E. Fu	itchik	Ft.	Wash				
1	2	18 CAUSE OF DEATH PART I. DEATH W	Enter only	one cause per	line for (a), (b	, and (ci.) CA	RDIORESPI	T/RATOR	Y ARR	EST			APPROXI	NATE INTE	RVAL DEATH
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				(c)	+ am	cre- bc	· Car								
	z	PART 2. OTHER SIGN	IFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E OR CON	DITION G	IVEN IN F	PART Iro	1	
+	CERTIFICATION	19a DATE OF OPERAT	ION	10h COND	ITION EOD WA	UCH OBERATION	N WAS PERFORME		20a AUTO	DEV2	20h IE VI	ES. WERE	E EINIDIN	ICS LISE	
/1	FIC	196. DATE OF OFERAL	1014	IVII. COND	IIION FOR WE	TICH OFERATION	N WAS FERFORME	· U			IN CERT	IFYING (OF DEAT	TH?
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f		OR CONTRIBUTING C	AUSE OF DEATH		M. MONTH		11.110 W 11430K	I OCCORRE	D (ENIERN)	LIURE OF HAJO	et livitiew io	PARTIOR	PART 2)		
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i	ME	WHILE NOT WHI	LE 🗆		EET, FACTORY OFF	ICE, FARM, ETC.)	STREET			CITY OR TO	WN	CO	YINUC	9	STATE
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		22b. SIGNATURE	id) (diel=nes)	view the body	ofter death.		DEGREE						c. DATE :		
		DV	10-			m	ATTE	NDING	MEDICAL	STA	FF.	-			0.7
H		22d. PHYSICIAN'S NA	ME (TYPE OR P	RINT)		147	22e ADDRESS		DIRECTOR					JAN	8/
		2 K	ITCH	(4-			MALCOLM		USAF			ENTE	R		
-	23a B	URIAL, CREMATION.		23b DATE		73, NAME OF C	LANDREWS EMETERY OR CREA		MD 20)331-	300				
		SPECIFY) Burial		1/9/8					CITY	OR TOWN		COUN		_	STATE
	24 FU	JNERAL DIRECTOR		1/7/0	•	Cedar H		25 8 475	REC'D. BY F	itlar REGISTRAR		STRAR'S		ryla URĚ	nd
	Ge	eorge P. Ka	lae F	Ineral	Home	bu Oxon	Hill Rd.	T#A	IN O	4007	1		corde		
	-	ACT DO I . WO	TOO I	MICTOR	TIOINE O		- J - 114.	1	T I	190/	Cha	Jun 1	corde	no Kan	Case.

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TO FUNERAL DIRECTOR: After should be detached for use as the with the State Dept. of Health on

IMPORTANT: If them 2

TO HOSPITAL OR ATTENDING

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Colm S. Cat. Harman Section 11 and 12 and 14 and 15 and 16 and 16

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** 1-STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN HOUR (TYPE OR PRINT) ESTI-DEATH MATED mush 3. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS. IF UNDER 1 YR IF UNDER 24 HRS DATE NERAL DIRE FOR YOUR LAST BIRTHDAY NOUNCED 0 DEAD YRS CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED T OIGIDSI WIDOWED 0 1 KIND OF BUSINESS OR INDUSTRY 10 CITY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE lle USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS HOLVZU M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY C 4 IMMEDIATE CAUSE (a ED AS A BURIAL-TRANSIT PR HEALTH AND MENTAL HYGI LL CREMATION, OR REMOV DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION EXECUTE THE CERTIFICATE, WRITING THE WORD PROCE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 40 YES NO DE 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY DIVISION OF 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 19 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Motural causes PC Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATUR MEDICAL EXAMINER EXAMINERS NAME (TYPE ON PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

230. DATE REC'D. BY REGISTRAR

REGISTRAR'S SIGNATURE

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DHMH - 17

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24. FUNERAL DIRECTOR

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within 24 hours ofter death. Page 4

executed

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PHYSICIAN: The low requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicion.

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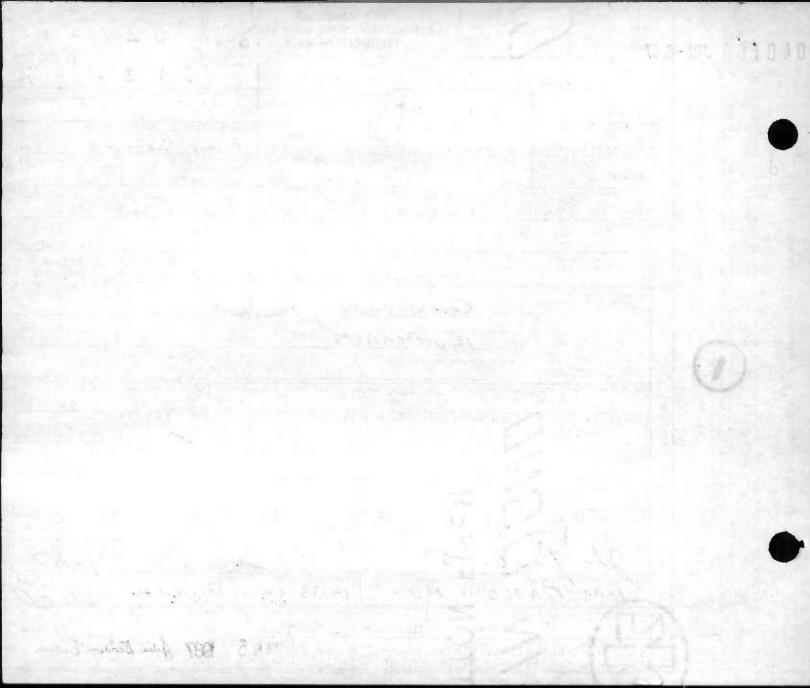
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	1

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3 1 1 1 1 1 1 1 1	7REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
	DECEASED NAME	FIRST	A	MIDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH 1 DAY	2 YEAR 7 26	HOUR
	TTPE OR PRINTS	MARIE		S.	GA	MBLE		1 2	87	450
3	SEX	- 1	4. RACE		5. DATE C		6. AGE (IN YEARS LAST			UNDER 24
	Female-		Whit	te	Apr		7.5	YRS	HS DAYS H	OURS
11	BIRTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY		DEATH	
19	Pennsylva	nia	U.S	S.A.	WIDOWE		Prince	Georg	2'9	
74°	CITY OR TOWN OF D	EATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	G HOME C	OR OTHER INSTITUTION	170 USUAL OCCUPA (TYPE OF WORK FOR MOS	TION TOF WORKING LIFE)	NOUSTRY	USINES
2/	SUAL RESIDENCE (IF N	HIBSING HOME OR	Greater	Laurel B	eltsv	ille Hospital	Homemake	r	Home	
	Maryland	Howa	VIY	Columbi	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	dar Lane	210)44
14	FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
13(U)	Unkn		MIDDLE	Smi	th	unknow				nown
0 160	WAS DECEASED EV			16h SOCIAL SECU		17 INFORMANT	1 5 3	00 Beauf		
Pe Pe	NO	(IF YES, GIV	E WAR OR DATES)	096-05-4	989 D	Roberta Gro		ver Spri		
e p	The CAUSE OF DE	ATM : Catanana		line far (a), (b), and			7		APPROXIMA BETWEEN ONS	TÉ INTERV
8 shows ony injury		100				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WI	RE FINDING	S USED
	5	100	S Burn				YES NO	YES [NO 🗌
	OR CONTRACTOR	CAUSE OF DEA	ALE:	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM TB PART 1	OR PART 2)	
d or Hem	21d INJURY OCCU		21e. PLACE	OF INJURY		211. LOCATION				
0 4	ē		LEAT HOME STR				CITY OR	TOWN	COUNTY	514
x 4		WHILE WORK		EET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR	TOWN	COUNTY	517
If hem 21 is morke	220.1 certify that	(this hospit	tol) ottended the	e deceased fram	\2.j	street , 19 d that in (my) (our) opinion DEGREE ATTENDING	, ta	date and haur and	7, the	(K) (wi
ANT: If hem 21 is morke	220.1 certify that saw the dece above (17) we	(1) (this hospit	tol) ottended the	e deceased fram	\2.j	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 226 ADDRESS	death occurred on the	date and haur and	, tha	(K) (wi
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IMPORTANT: If them 21 is morke	220.1 certify that saw the dece above (1) yee 22b. S. S. J.	WORK (Ithis hospital posed clips on posed clips posed	PRINTI 23b DATE 1/5/87	e deceased fram_after deoth. 19_after deoth. 1	NAME OF C	and that in my (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS 14333 2 56	death occurred on the	date and haur and	If from the course of the cour	CIB (we see state of the state

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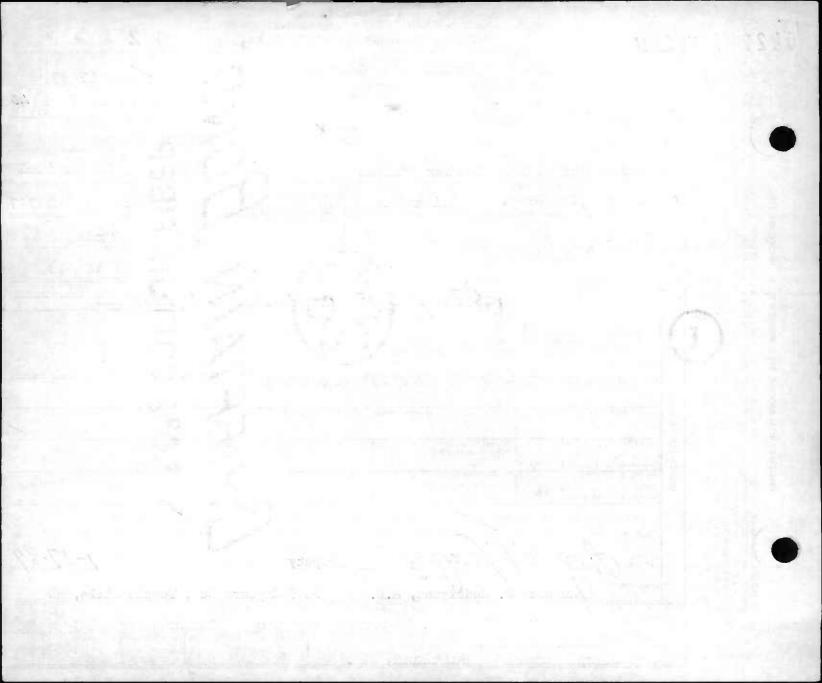


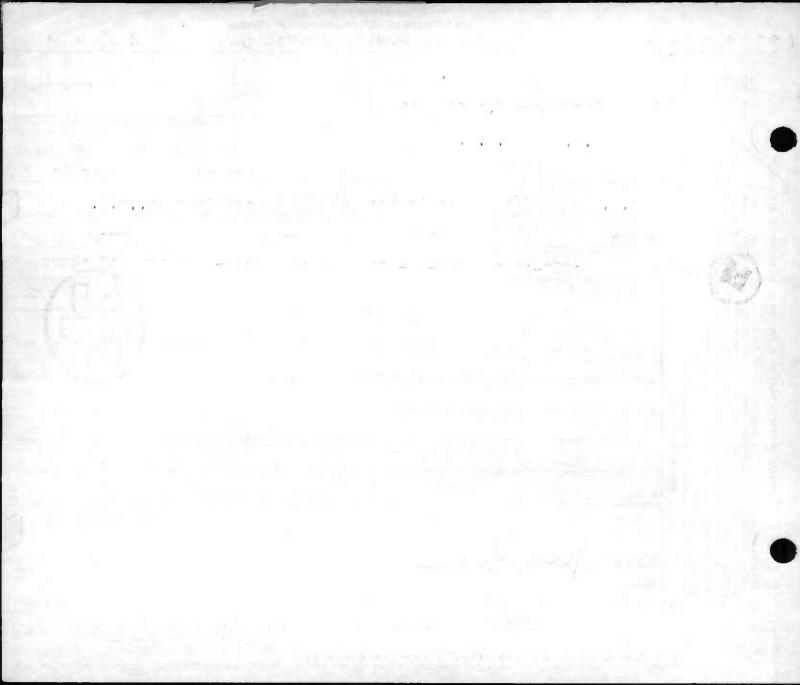
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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THE RESERVE	Male Wh:	ite Dec	DAY YEAR LAST BIRTH			PRONOUNCEDJ.	an 17 1987 2
5	FOREIGN COUNTRY) North Key CITY OR TOWN OF DE	s, Md	USA	WIDOWED [DIVORCED (Prince	e George
4	istrict E	Hts 690	OF HOSPITAL, NURSING HOADING SUCH FACILITY, GIVE STREET ADDRESS FOSTER STR	eet	ITUTION 120	Policema	174PE OF WORK 126 KIND OF BUSIN IN US Capit
, Ma	aryland	PR"Geoge	Dist Ht	S YES		906 Foste	r Street 20
1	Ernest	M	Garner	Sr	THER'S MAIDEN NA FIRST Katie DRMANT	Elva	Cross
	(YES, NO, OR UNKNOWN)	R IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATES		1990	oria S.	Garner	Same as #13
O BONIAL CRE	19a. DATE OF OPER.	PATION 196	CONDITION FOR WHICH OPE	ERATION WAS PERF	ORMED?		20 AUTOPSY?
4	TIG. EXTERNAL CAU	USE WAS 21b.	TIME ÓF INJURY DUR A.M. MONTH DAY YEA	21c. HOW INJU		ITER NATURE OF INJURY IN ITE	YES 🗆 N
) menical	UNDERLYING CONTRIBUTING TILL TO THE CONTRIBUTING TILL TO THE CONTRIBUTION TO THE CONTR	CAUSE OF DEATH	P.M. 19 PLACE OF INJURY (AT HOME, TREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY
Trumpier more reported		I taak charge of the rem m: Natural causes [Hagain	M.D. De	e (SPECIFY) outy A	, Inquiry , determined manner [and in my apinian DATE SIGNED DATE
M	III AAMITHEK DINAME	Augusta D	Rodriguez, M.	D. ADDRES	009 Raybi	urn Ct . Te	emple Hills. MD





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE O TYPE GRPRINT Jacqueline Gibbs E. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 19 DAY Female Caucasian 1912 To BIRTHPLACE I STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** Michigan MARRIED D NEVER MARRIED U.S.A. WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY N/A Housewife INTON southern Maryland USUAL RESIDENCE | IF NURSING HOME OF OTHER INSTITUTION, CIVE RESIDENCE AND ORE ADMISSION)
13a STATE
13b COUNTY
13c CITY OF TOWN
13d INSID
Maryland
Prince George Ft. Washington YES 20744 13e STREET ADDRESS / ZIP CODE 7302 Epping Ave. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Meldrum George John Betty 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 7302 Epping Avenue YES, NO OR UNKNOWN) 370-10-0845 Hollis Gibbs Ft. Washington, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line focto), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE LAT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (2000) of ottended the deceased from sow the deceosed olive on obove, (I) (3/c) (3/d) (did not 1 with body ofter death. and that in (my) (30r) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 1decor Oxon Hid Rd Oxon Hill, Md. MARICH - PILLOR un o 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT:

Burial 1/13/87 Maryland Veterans Cem.

Cheltenham

P.G.

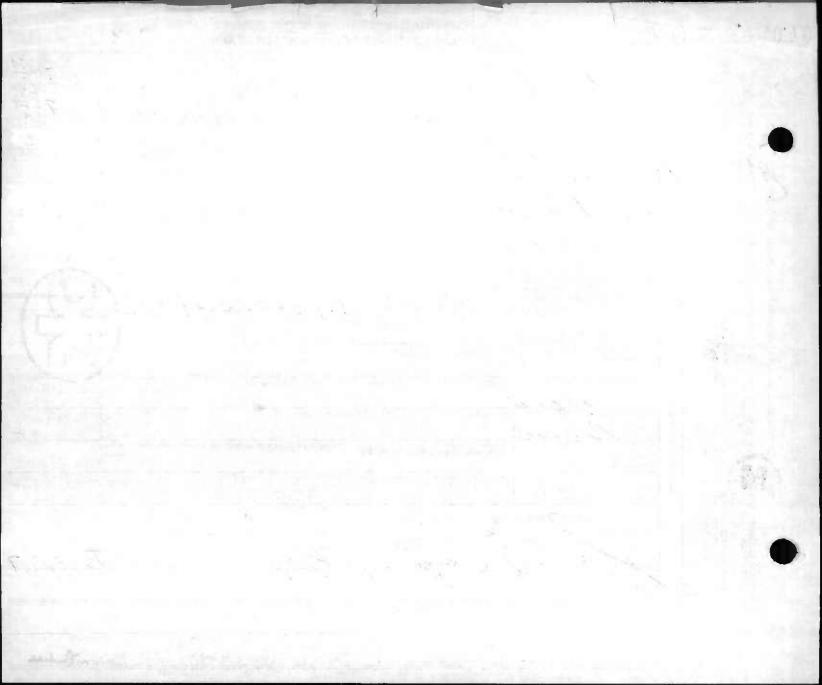
24. FUNERAL DIRECTOR

6160 Oxon Hill Rd 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

George P. Kalas Funeral Home Oxon Hill. Md.

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. Of Sign power Address



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be ed by the haspital or ottending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physic organic completely filled in by the funeral director, page 3 d be detached for use as the burial-transit permit. Then please remove carbanpal transits and 2 should be filed within 72 haurs after death
DIVISION O	OSPITAL OR ATTENDING PHYSICIAN: The I	UNERAL DIRECTOR: After this cert d be detached for use as the burial

0 4 2 6 2 1 FEB - 2,87 FOR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST FIRST 7a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) GOODE Shedrick NMI 12:05A M 28,1987 January 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR Male **Black** 1918 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia IISA WIDOWED DIVORCED [Prince George's CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Doctors Hospital of Pr. Geo.

USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130, STATE

113b COLINTY Lanham Mail Handler Pvt. 136 COUNTY PG 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Lanham 9859 Good Luck RD YES X 20706 NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Älice Frank Goode Goode ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT 577 20 1702 Eartha Goode 9859 Good Luck Rd 20706 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [71a ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME STREET FACTORY OFFICE FARM ETC) marked 22a. | certify that it (this hospital) attended the deceased from above (Distriction) did got) view the bady after death. , and that in (m) (our) apinion death accurred on the date and hour and fram the causes stated 17h SEGMATURE DEGREE THE DATE SIGNED ATTENDING PHYSICIAN ! DIRECTOR PHYSICIAN 2 d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 6510 Kenilworth Avenue. MPORT Robert Ruderman, M.D. Riverdale, Md. 20737 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 3 Feb 87 Geo. Washington Cemetery Adelphi (SPEBurial PG Maryland

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

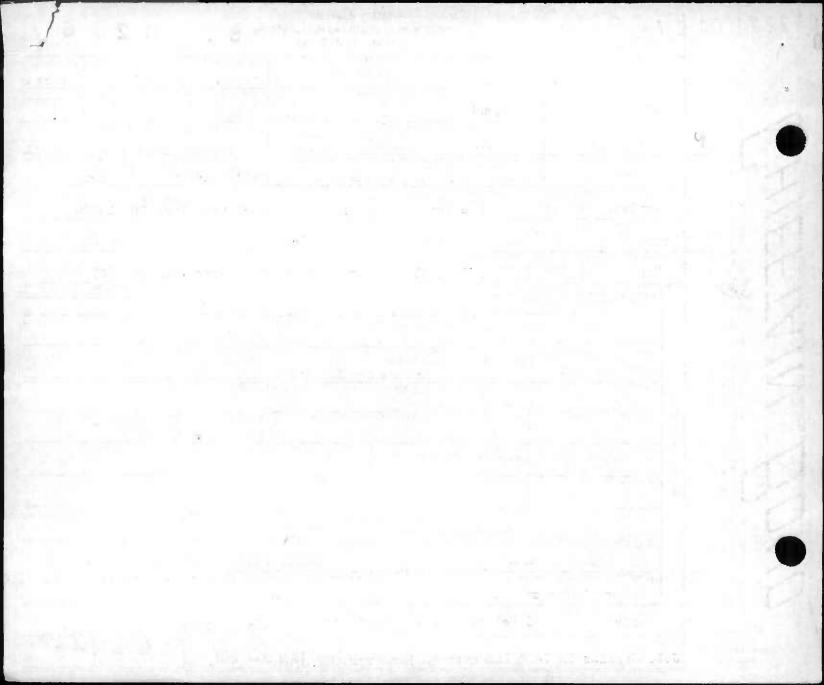
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

J.B. Jenkins FH 7474 Landover Rd Landover, Md.

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STATE OF MARYLAND

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REG. NO.					

	FOR TTATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. N	02/60
	EASED NAME FIRST LESLIE	E E.	GOU	LD	20. DATE OF DEATH	MONTH 20/87 20 HOUR 20/1
3. SEX	MALE	WHITE	S. DATE C		6. AGE (IN YEARS LAST BIR	THOSE PLANS POSES HES
7a. BIRT	EW YORK	CITIZEN OF WHAT COUNTRY?	WIDOWE	DIVORCED	20	OR COUNTY OF DEATH CIE GEORGE MO
	HATTSVILLE P	NAME OF HOSPITAL, NURSIN LIENOT IN SUCH FACILITY, GIVE STREET HYATTSVILLE MANCE	R NUL	SING HOME		ION DE WORKING LIFE) INDUSTRY CLERCY
13a. ST.			VN _	YES NO	/ / 4	ZIP CODE 2-0785 ECHWEED ROAD
14 FATI	HER'S NAME FIRST ARTHUR	GOULT.		IS. MOTHER'S MAIDEN NAMES TELL	€ MIDDLE	BAILEY
	AS DECEASED EVER IN U.S. ARME S, NO OF UNKNOWN) (IF YES, GIVE W	VAR OR DATES)	JRITY NO. 22061	17. INFORMANT FLEANCR GO	ADDR	BEECHNOLD RD HYATTS
1	8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	BY.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	HD ENCE OF			1 year
NO N	PART 2. OTHER SIGNIFICANT CO	196 CONDITION FOR WHICH			200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
HE IZ	210. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	YES NO NO NITEM 18 PART 1 OR PART 2)
NEDICAL L	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	19	211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
2	220. I certify that (1) this hospital sow the lecased alve as abave (1) we (did) (did not) 22b. SIGN AFRE	1/15 19	,	DEGREE	MEDICAL _ STA	
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(SP	BURIAL	236 DATE 23. 1989 /	POCK	EMETERY OR CREMATORY CREEK CEMET	23+ LOCATION CITY OR TOWN	WETUN DESTATE
24 FUN	VERAL DIRECTOR NAME FRUMES A HOME	ADDRESS 2	W Con	all Al Not 250. DATI	E REP D. BY REGISTRAR	256 REĞISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

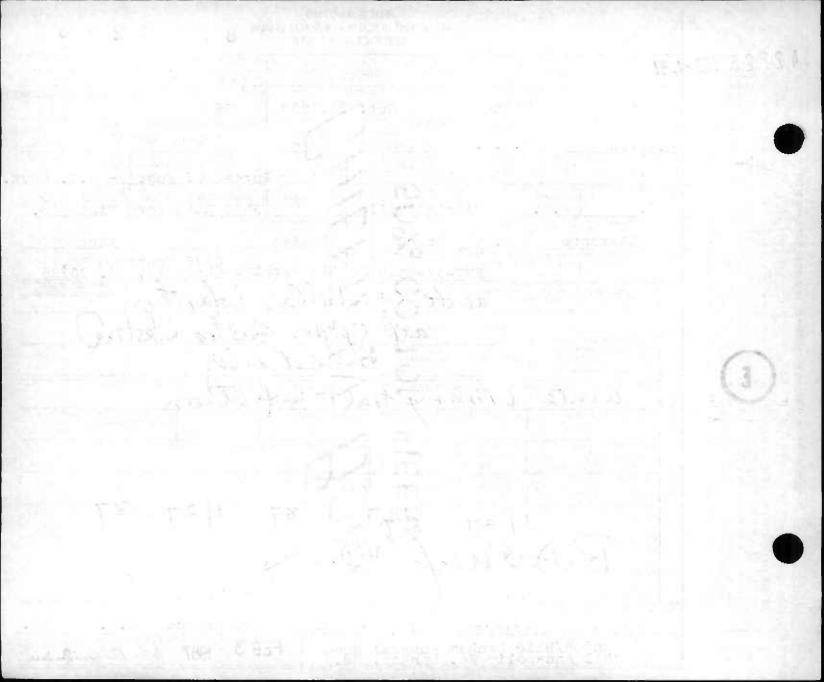
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	Claren		E.	Bur	ch	Lou:	ica	MIDDI	E	Ker		
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR ... should be detached for use with the State Dept. of Health MPORTANT. If them 21 is n

FOR - STATE



- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY (SPECIFY) 01/14/87 Cremation Metropolitan Crematory Alexandria REGISTRAR 256 REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimroe Avenue Hyattsville, Md. 20781

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TELINDER TYEAR

INDUSTRY

COUNTY

STATE

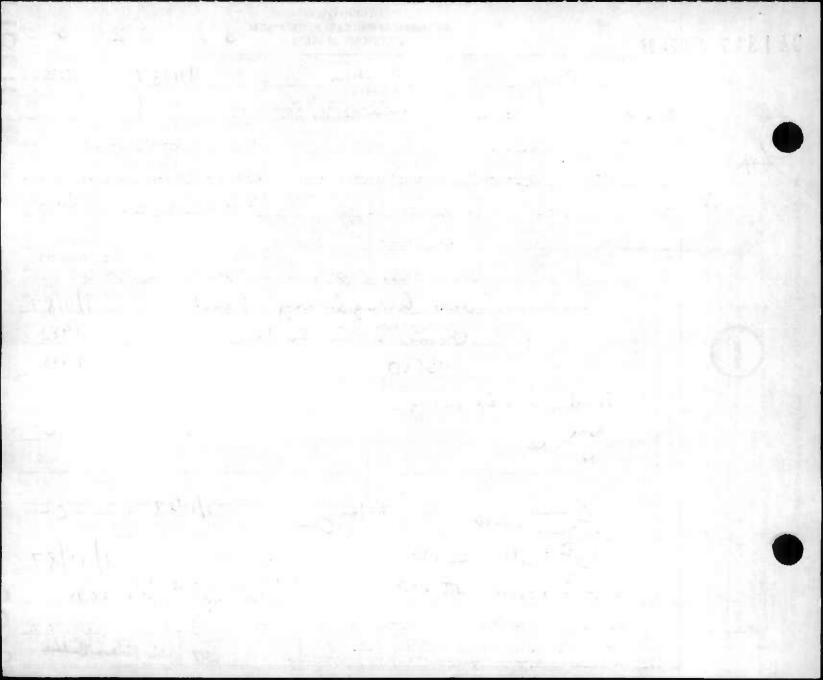
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NO.	4,5				

- STATE		CERTIFICATE OF DEATH	REG. NO.	2 / 0 3
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
Cla		e Gramlich	Jan. 2	7,1987 12:30 Km
Female Female	Caucasian	July 6, 1915		FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
Maryland	U.S.	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	Prince George's	
Clinton	(IF NOT IN SUCH FACILITY, GIVE STREET Southern Maryla	and Hosp. Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Beautician	126 KIND OF BUSINESS OR INDUSTRY Beauty
13a. STATE 13b COI	or other institution give residence befor UNITY 136. CITY OR TOV CEGEORGESUpper Ma	VN 1134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 7105 S.W. Crain	Highway 20772
14. FATHER'S NAME FIRST William L	MIDDLE IAST eitch Travers	15. MOTHER'S MAIDEN NA FIRST Christin	ME MIDDLE	Kasulke
160. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC		ADDRESS	
2.20	n/a 217-14-	7303 Ray Gramlich	same as 13	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ELCE DE Cardiova	differetion send Disease physical disease for condition pfe	3-lays 15 419
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	work NEphropat		WERE FINDINGS USED
	CAID	21c. HOW INJURY OCCUR	YES NO X YES	
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saw the deceased alive o	Clary VIII	DEGREE ATTENDING	death accurred an the date and haur MEDICAL STAFF DIRECTOR PHYSICIAN	9 E 7 that (1) (we) last and from the causes stated 22c. DATE SIGNED 1-2 7-87
230. BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	

DHMH - 16 60M 6633

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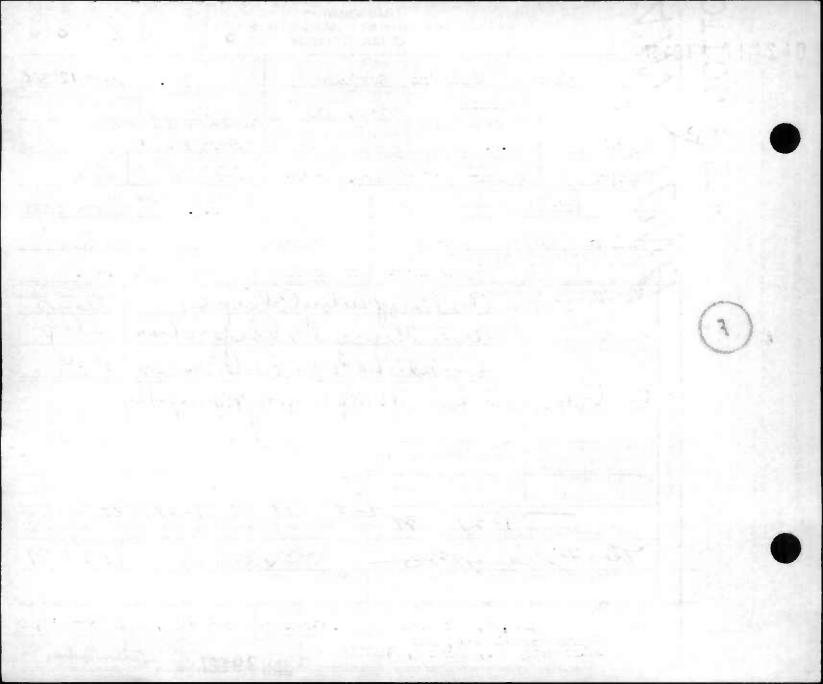
TO FUNERAL DIRE

Burial

Epiphany Ch. Cemetery Forestville, PrinceGeorge S,MD

Burial Jan.30,1987 Epiphany Ch HUNERAL DIRECTOR Lee Funeral Home, Inc. Old Miexander Ferry Rd., Clinton, MD20735

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH 2h HOUR S NECESSARY, PLEASE-FUNERAL DIRECTOR E 5 FOR YOUR FILES DEATH MATED Eunice M. Grav 19 87 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 6:15 DATE LAST BIRTHDAY) PRONOUNCED 1987 Dec. 29.1923 68 DEAD Female Black 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED FOREIGN COUNTRY) Prince George's County, USA DIVORCED Alabama TO THE FI PAGE 5 BE FILED SS 20 W 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY 4652 Davis Avenue Suitland Medical Tech. PETAIN PA USUAL RESIDENCE HEIN NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONS 13d STATE 113b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Suitland 4652 Maryland P.G. Davis Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Smilev Alice C. Clark George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT George Howard-son-4652 Davis Avenue 421 20 8529 Suitland, Maryland ROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY 201 W. PRESTON ST Seizure Disorder and Thermal Injuries DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Brain Tumor, NOS 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? USED / 20 AUTOPSY? ECUTE THE CERTIFICATE, WRITING THE WORD "P GE 4 SHOULD BE FORWARDED TO THE CHIEF I FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED FUNERAL MITH THE STATE DEPARTMENT OF HE VIJMORE, MARKLAND, 21201 PRIOR TO BURIAL, YES XX NO [210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCUBRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
Decedent collapsed after seizure while 21b. TIME OF INJURY UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR 1987 CONTRIBUTING CAUSE OF DEATH ? P.M. 1-5 smoking causing housefire 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21E LOCATION STREET, FACTORY, FARM ETC.) 4652 Davis Avenue, Suitland, Prince George's WHILE WHILE NOT WHILE home Co., Maryland Autopsy XX 22a. I certify that book charge of the remains described above held an Inspection Hamicide Natural causes ACTUAL 1 - 7 - 87Assistant SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth (TYPE OR PRINT) 0 23a BURIAL, CREMATION REMOVAL 23b DATE 23d LOCATION 236 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery Maryland 07/84 BP Buria! Brentwood. 25M 74. FUNERAL DIRE **DHMH - 17** NAN 20 (VR A15 ME (5)) Home-4001 Benning Road

STATE OF MARYLAND



STATE OF MARYLAND

8	REG. NO.	0	2	1	0	

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on in pe	USU	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE	ADMISSION)			
Solld E	13a.		OUNTY	Chapel C		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	20743
thin thin thin thin thin thin thin thin	14 F	Md.	P. G.	Chaper	aks	YES K NO	1310 Nome Street	20743
nplet	1	FIRST	MIDDLE	LAST		FIRST	WIDDLE	LAST
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s. Pa		No		None		Josephine Ric	hardson-1310 Nome	
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ATTENI CTOR. d for us d for us n of the		sow the deceased alivabove, (I) (we) (did) (d	re on	1/9/ 196		nd that in (my) (aur) opinion	deoth occurred on the dote and haur	ond from the couses state
AL OR A M. DRE Metoched detoch		22b. SIGNATURE	A - 3	metan		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
O FUNER O FUNE		22d. PHYSICIAN'S NAME (TYPE OR PRINT)	OTTORN	ń	270 ADDRESS - ANA	indeptity bead it.	7 20710
五百 七 五 1 2 1	23a.	BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STAT
BP		Burial	1-17-	87 M	d. Na	t. Memo. Park	Laurel, Md.	SIAI
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR T.	C. Pinckn	AV	_	25a. DAT	E REC'D. BY REGISTRAR 255 REGISTS	
(VRA 15, 4)	S	oangler Funer	al Home-	524 - 8th	St.,	N. E.]/	N 2 0 1987 Julia	Bardson Kandal

Jan. 16 1987 Maryland Veterans Cem.

Bowie, Maryland

16000 Annapolis Rd

CITY OR TOWN

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(SPECIFY)

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO F DECEASED NAME MIDDLE 2b. HOUR 20 DATE KNOWNX OF ESTI-DEATH MATED TYPE OR PRINT! $-14 - 87^{19}$ WARREN EARL 7d. HOUR 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE OF BIRTH 20. DATE LAST BIRTHDAY) YEAR PRONOUNCED YOUR 1-14-87 10 7:33a Male Black DEAD May 4.1942 4 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED X Prince George's County Virginia II. CITY OR TOWN OF DEATH WIDOWED . USA 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE Greater Laurel Beltsville Hospital Laurel Horseman USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? N3 COUNTY Rt. 1. Box 226A Middleburg NO Y Loudoun 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST FIRST Grigsby Hazel Earl Jackson 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) same as 13e Hazel Grigsby 228-54-3334 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Bronchopneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. HEALTH AND WEIGHT CREMATION DIVISION OF VITAL RECORDS, PART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED 1D THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 In chronic alcoholism with fatty liver 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? 196. DATE OF OPERATION CHIEF A ERCUTE THE ERTIFICATE, WRITING THE WORD TAGE A SHOULD BE FORWARDED TO THE CHIE TO THE CHIE TO THE THE PROPERTY PAGE 3 SHOULD BE USED THE DEATH WITH THE STATE DEFARMANI OF THE PROPERTY OF THE YES X NO 216. TIME OF INJURY 71g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STATE COUNTY STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE 22a. I certify that I taok charge of the remains described above, held an Autapsy and in my apinion Inspection Inquiry Natural causes Undetermined monner death resulted from: TITLE (SPECIFY) SIGNED_1-15-87 M.D.Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME William M. Zane, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Va. Upperville Fauguier 1-19-87 West View Burial

Middleburg, Va. 22117

24 FUNERALD

(VR A15 ME (5))

Royston Funeral Home 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

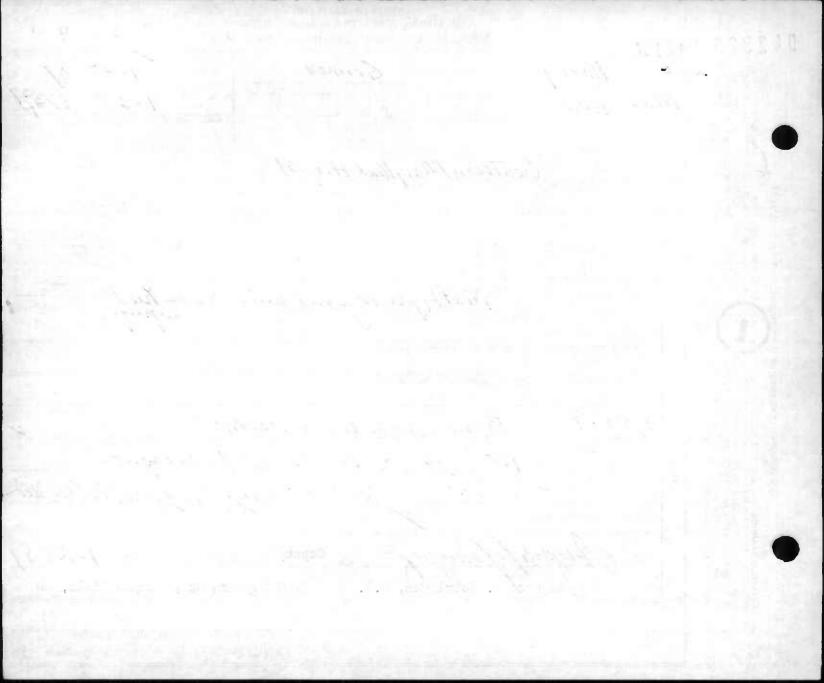
And the second of the second Manufacture of the Park

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE PEGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) McCAMBRIDGE DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 59 6 - 2 - 1927L CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE O MARRIED NEVER MARRIED FOREIGN COUNTRY) US Maryland DIVORCED Prince George 18. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Attendant Service St Clinton 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 16211 Ashbox Rd./20613 Pr. George Brandywine 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Grimes Pear Cage 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SAPPWerwood Circle 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213-24-3695 Leslie C. Gallagher Annapolis, Md. 18 CAUSE OF DEATH (Enter only one couse per language (a) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. SED AS A BUR!A HEALTH AND AL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE AFTER DEATH, WILLH THE STATE DEPARTMENT BATTIMORE, MARYDAND, (2120) PRIOR TO BU CONTRIBUTING CAUSE OF DEATH WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Accident ______ Suicide deoth resulted from: Notural couses Undetermined monner SIGNATURE MEDICAL EXAMINER Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD EXAMINER'S NAME 236 NAME OF CEMETERY OR CREMATORY 73g, BURIAL, CREMATION, REMOVAL THE DATE Buria1 Charles Md. Waldorf Trinity Memorial 1-29-1987 07/84 24. FUNERAL DIRECTOR O. Box 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17**

Waldorf, Md. 20601

FUNERAL HOME

(VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME KNOWN X 2a. DATE MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-AFUNERAL DIRECTOR. ELS FOR YOUR FILES. ED, WITHIN 72 HOURS 1987 DEATH MATED Elsie 1/6 Grubbs 4. RACE AGE (IN YEARS DATE OF BIRTH 8:00 P. M IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1087 11-29-1914 Female White 72 DEAD TO RIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY DURS AFTER DEATH. IF ANY DELATIVE INCLUDED IN GIVE PAGES 1, 2, AND 3 TO THAFUNES WITH FORM PM. 3. RETAIN PAGE'S FOI MIT. PAGES I AND 2 SHOULD BE PILED, WITHE, DIVISION OF WALL PECCOPS 20, W. PR. E. DIVISION OF WALL PECCOPS U.S.A. North Carolina Prince George's ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Self Employed Book Keeper East Pines - 64th Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13b. COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Prince George's 5713 - 64th Avenue 20737 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Julia Cline William . Lineback Henry 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 2 Tailgate GTERS, FAIR PORT. (YES, NO, OR UNKNOWN) Linda E. Gottwald, New York 14450 578-09-7664 CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AF ITING THE WORD "PENDING". IN PENCIL IN ITEM 18, GIVE BED TO THE CHIEF MEDICAL EXAMINER ALCNG WITH SA BOUGH SA BUNIAL - IRANSIT PERMIT. PAGE DEPARTMENT OF HEALTH AND MENIAL HYGIENE, DIVISI I PRIOR TO BELAGATION, OR REMOVAL. No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Acute myocardial disease IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which chronic myocardial disease. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION None 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD

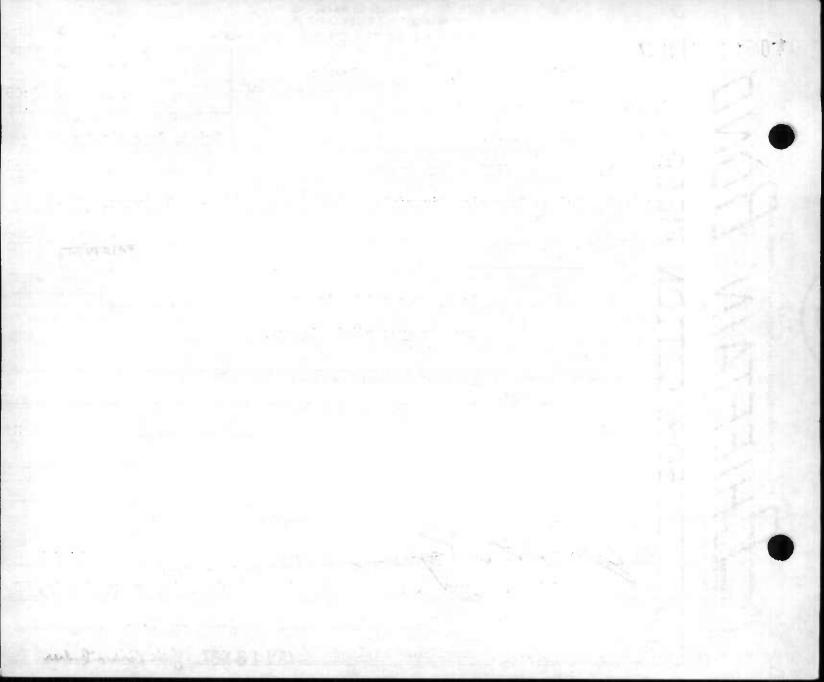
PAGE 4 SHOULD BE FORWARDED TO THE CHE

TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USE

AFTER DEATH, WITH THE STATE DEPARTMENT OF

BALTMORE, MARYLAND, 21201 PRIOR TO BE USE

1. None YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (ATHOME. 21f. LOCATION AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE Inspection X 220. I certify that I taak charge of the remains described above, held an Hamicide death resulted frage Natural causes Undetermined manner Suicide TITLE (SPECIFY) ACTUAL 1/8/87 Deputy EXAMINER'S NAME John S. Rogers Silver Spring, Montgomery County, MD (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 23r NAME OF CEMETERY OR CREMATORY Burial 1 - 10 - 87Ft. Lincoln Cemetery Brentwood, P.G., Maryland 07/84 25M 24FRARCES CASCH'S SONS FUNERAL HOME, PA **DHMH - 17** 4739 Baltimore Ave., Hyattsville, Maryland (VR A15 ME (5))



campletely filled in by the funeral director, page 3 ; 1 and 2 should be filed within 72 hours after death

	FOR	
2-7	STATE	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

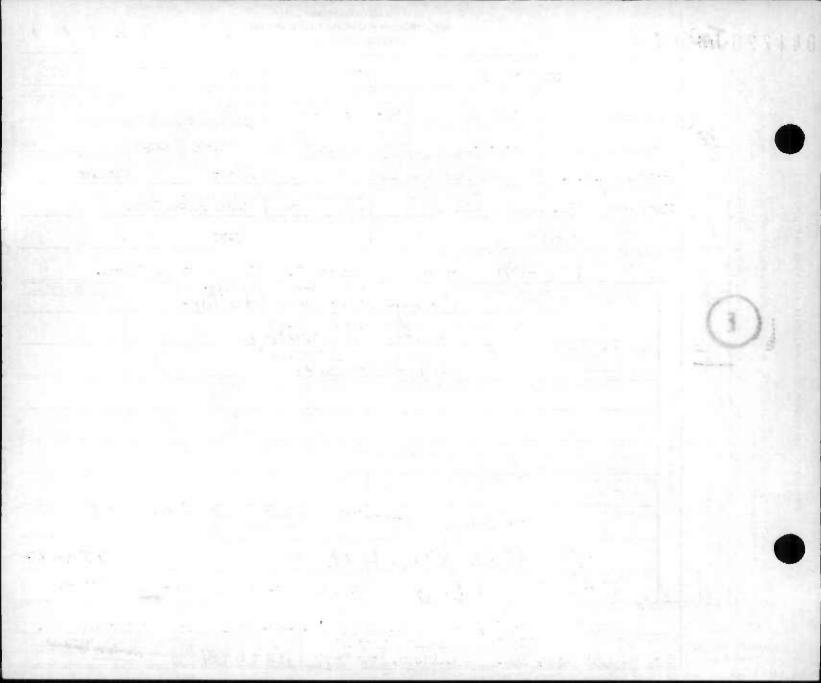
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				MIDDLE	·	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
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3. SE	х	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIE		INDER I YEAR	IF UNDER 2.
	Male		Black		OCY.	24, DAY 1932 YEAR	54	YRS.	THS DAYS	HOURS
	RTHPLACE (STATE OR F	FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8.	DYNEVER MARRIED	9. BALTIMORE CITY C		DEATH	
Or	nio		U.S.A		WIDOWE	DIVORCED	Prince	Georges		
10 CI	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINES
	ndrews A.F.			n Grow Hos		1	Bagger		Groce	c
130. 5	AL RESIDENCE (# NURS STATE aryland	13b COUNT	Y	134 CITY OR TOW Clinton		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 9005 Sus	/ ZIP CODE an Lane	2	07.
14 FA	ATHER'S NAME FIRST	JNKNOW	IDDLE N	LAST		15. MOTHER'S MAIDEN NA	UNKNOWN MIDDLE		LAS	7
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
Ye	YES, NO OR UNKNOWN)	1951	-1971	282-22-93	189	Loretta L. Ha	all Same	as #13	а-е.	
			DUE TO, C	OR AS A CONSEQUE		CARDIOMYOPATH				
IFICATION	Canditions, if any, gave rise to imm couse (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA	mediate ng the last. NIFICANT CO	(c) ONDITIONS <u>C</u>	OR AS A CONSEQUE	NCE OF V 7	HYPERTENSION HYPERTENSION NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES, W	ERE FINDIN	IGS USED OF DEATH
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WEDICAL WEDICAL	gave rise to imm couse for stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA! 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTHEY MEDIL 21d INJURY OCCURE WHILE NOTHEY MEDIL 270.1 certify that (I) saw the decase above, (I) (we) [22b. SIGNATURE] 22d. PHYSICIAN'S NA	INFICANT CO	IPB COND 19b COND 19b COND 21b. TIME C HOUR A P 21e. PLACE (AT HOME. ST	ONTRIBUTING TO E ONTRIBUTING	OPERATION AY YEAR 19 ARM EIC)	HYPERTENSION POT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURS 21f. LOCATION STREET 21f. LOCATION STREET ATTENDING PHYSICIAN 22c. ADDRESS	200 AUTOPSY? YES NO CITY OR TO MEDICAL STA DIRECTOR PHYSIC MED CTR AA 130 LOCATION LITY OR TOWN 131 LOCATION LITY OR TOWN	20b. IF YES, WIN CERTIFYIN YES [DIRY IN ITEM 18 PART DWN AFB, MD	COUNTY 22c DATE	STAN S

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the burial-transif permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial,



04295

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	8	REG. NO.	0	2	1	1	
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-le	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	6 1	,
	CEASED NAME E OR PRINT)	RONA		T.	IALL	AST	20. DATE OF DEATH	1-17-8	7 YEAR	5.25/
3. SE	× MALE		4 RACE BLA	.CK	5. DATE O	2 1946 YEAR	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HOURS
M	RTHPLACE (STATE OR S COUNTRY) IARYLAND		U.S	WHAT COUNTRY?	WIDOWE		PRINCE GE			
Cl	ITY OR TOWN OF DEA HEVERLY		PRIME	H-CHOKORE	MOSP I	TAL CENTER	120 USUAL OCCUPAT (1YPE OF WORK FOR MOST C SUPPLY CI	F WORKING LIFE		PATEN
13a. S MA	AL RESIDENCE (IF NURS STATE RYLAND	136 COUN	ITY	GIVE RESIDENCE BEFOR 13c. CITY OR TOV SUITLAND		13d. INSIDE CITY LIMITS? YES 🚻 NO 🗌	13e.STREET ADDRESS 2208 PORT	ZIP CODE	NUE 2	0/4
	JAMES		MIDOLE A.	HALL		15. MOTHER'S MAIDEN NA LILLIAN	E.		M.	ILLS
	WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAS OR DATES)	213 46		Deborah Hall	L 401 Chapl:			
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ly one couse per D BY: E CAUSE (o)		relever	al Baeure	ehose		BETWEEN	IMATE INTERVA
TION	End	lost. NIFICANT C	conditions co	l Dios	DEATH BUT	Ch 10000	galitis.			
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	1 OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING CAUSES	
MEDICAL CER	21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MED)	CAUSE OF DEA	TH HOUR A.	M. MONTH D M.	AY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PA	RT OR PART 2)	
MEC	WHILE NOT WE AT WORK	THE		REET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OF TO	NWN	COUNTY	STA
	22a 1 certify that (1) sow the deceose above, (1) (we) (a	ed alive an		1/16/19	87_,01	nd that in (my) (our) apinion	, to death occurred on the d	ote and hour	ond from the	that (I) (we couses state
	22b. SIGNATURE		2	dh		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	1-17	_
	JAS WIN					22e. ADDRESS	IS RD LANHA	AM MD 3	20706	
	BURIAL, CREMATION, (SPECHY)	REMOVAL Lal	23b. DATE 1-23-8	7 Ma	rylan	emetery or crematory d Veterans	23d LOCATION CITY OF TOWN Cheltenh		ryland	STA
24. F	UNERAL DIRECTOR I	Rollin 4339 H	ns Funer Hunt Pla	al Home,	Inc. D.C.	JAN	2 9 1987	256 REGISTR		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CE	RTI	FICA	TE	OF	DEATH	

5	REG. NO.	0	2	1	1	6.
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female white June 19 1923 63 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland USA WIDOWED DIMORCED Prince George's Country or Town of DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION	UNDER I YEAR NITHS DAYS F DEATH COUNTY 126. KIND C INDUSTRY	26 HOUR 4:50AM IF UNDER 24 HRS. HOURS MIN.
Alice Trott HANCE January 24, 198 3. SEX female White June 19 19 19 3. SEX Female White White June Female White White June S. Date of Birth MONTH DAY 19 19 19 19 19 3. SEX Female White	F DEATH County 12b. KIND C INDUSTRY	IF UNDER 24 HRS. HOURS MIN.
3. SEX female white June 19 1923 6. AGE IN YEARS LAST BIRTHDAY) Formale White To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Prince George's USA 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	F DEATH County 12b. KIND C INDUSTRY	HOURS MIN.
female white June 19 1923 63 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Prince George's COUNTRY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION	F DEATH County 126. KIND C	MD
Maryland USA Married Never Married Prince George's C	County 126. KIND C	
Maryland USA WIDOWED DWORCED Prince George's C	12b. KIND C	
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	12b. KIND C	
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	INDUSTRI	F BUSINESS OR
Lanham AMI Doctors' Hospital housewife	n/a	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131 COUNTY 132 CITY OR TOWN 133 INSIDE CITY LIMITS? 132 STREET ADDRESS / ZIP CODE Maryland Calvert Prince Freder 1945 No 24 Sixes Road 20678	3	
11 FATHER'S NAME 15. MOTHER'S MAIDEN NAME		
Allen B Trott Bessie K	king "AS	ī
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS		
no (IF yes, NO OR UNKNOWN) (IF yes, Give war or dates) 578/20-0999 Thomas L. Hance same as #13		
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OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT HOME. STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN STREET	COUNTY	STATE
270. I certify that (I) (this hospital) attended the deceased from 19 1, 19 1, 10 1, 10 1, 19 1,	£7, and from the	that (I) (we) lost couses stoted
277 SIGNATURE M) MR CA ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	22c. DATE	SIGNED
22d/PHYSICIAN'S STANLE (TYPE OR PRINT) 22e ADDRESS		
236 BURIAL, CREMATION, REMOVAL 236, DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION	COUNTY	1 SIAH -
Burial 1-0/8/ Hsbury Ithore fredering	cka	DI INC
24. POTVERAL DIRECTOR TO TOTAL HOROGES OWINGS 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR	R'S SIGNAT	URE

within 24 hours ofter death. Page 4 may be

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

E	8	REG. NO.	8	2	1	1	-
		REG. NO.					

	REGISTRAR				CERTII	FICATE OF DEATH	REG.	NO.	Sine 8	,
	DECEASED NAME	FIRST F	abian	MIDDLE		Hansen	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	FABIAI	V	ablan	Egan	H	ANSEN	January 3	1, 198	7	3:00
3.5	SEX		4. RACE			OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	
	Female		White	e	Apri	1 23, 1911	75	YRS.	MONTHS DAYS	HOURS
70.	BIRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	R		9. BALTIMORE CITY		Y OF DEATH	
)	Iowa		United :	States	WIDOW	ED NEVER MARRIED DIVORCED	Prince Ge	orge's	County	7
7 10	CITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUP.	ATION	12b KIND C	OF BUSINES
110	College Park			CH FACILITY, GIVE STREET .			Housewif		Own h	ome
US	UAL RESIDENCE (IF NURSI	ING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)					TOME
1		13b COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES			20740
	laryland FATHER'S NAME	Prince	George's	College Pa	LK	15 MOTHER'S MAIDEN NA	4909 Hol	Tywood	ROAU /	20740
2	FIRST		MIDDLE	LAST		FIRST	WIDDIE		LA	
~	James WAS DECEASED EVER	INITIC AD	MED EODCESS	Egan	DITY NO	Grace 17. INFORMANT	ADI	ORESS	Dea	an
1100	(YES, NO OR UNKNOWN)		E WAR OR DATES)							
1	No			504-22-1		Patricia S.	Warren,	Same a		
	18 CAUSE OF DEATH PART I. DEATH W	H (Enter an	ly ane cause per D BY:	0		6				ONSET AND D
			E CAUSE (a)	KESPIRA	MARION	PAILURE			20	4 hrs.
Z		VIFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING TO E	DEATH BUT	TNOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIV	VEN IN PART 1	a.
SEPTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES ES []	
3 8	21a. ACCIDENT WAS UND	ERLYING [21c. HOW INJURY OCCUR	RED (ENTER NATURE OF H	NJURY IN ITEM 18	PART I OR PART 2)	
and the same of	OB CONTROLEURING C		(In	M. MONTH DA	19					
MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION STREET	CITY OF	TOWN	COUNTY	STA
2	WHILE NOT WH	ILE	(AT HOME STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	1 SINCE	1	10		311
	220.1 certify that (1)		tal:-attended th	e deceased fram_	1	2/1 19 86	to1/3/		19 87	that (I) (
	saw the decease				86.	nd that in (my) (and opinian	death occurred an the	date and has	ur and from the	causes state
	27h SIGNAPORE	i (did no	t) view the body	after death.		DEGREE			22c. DA/	SIGNED
	1011	1/2	In he	2	1	10 ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN (1/3	1/87
7	22d. PHYSICIAN'S NA	ME MYPE	R PRINT)	1		· 22e ADDRESS	A DIRECTOR (L. T.T.)	, d	2	, MD
	Carl	1.	Schoo	uberga		4701 Rav	dolph 1	20 1	ocku,	
23	e. BURIAL, CREMATION,	REMOVAL			NAME OF	CEMETERY OR CREMATORY	23d. LOCATION			
	(SPECIFY) Buria	1	2-3-8	7 Mo	unt C	armel Cemeter	v Missour		ev. Iow	a Sta
24			ard Rapr	, Incoress		25 -0	BREAD. BY TORRY	AR 25h REGIS	TRARSSIGNA	TURE
84	NAME 1 0 0 4 TO TO		ara mapp	* ADDRESS			1301	Daniel .	Marine Ser	the gray of

20009

DC

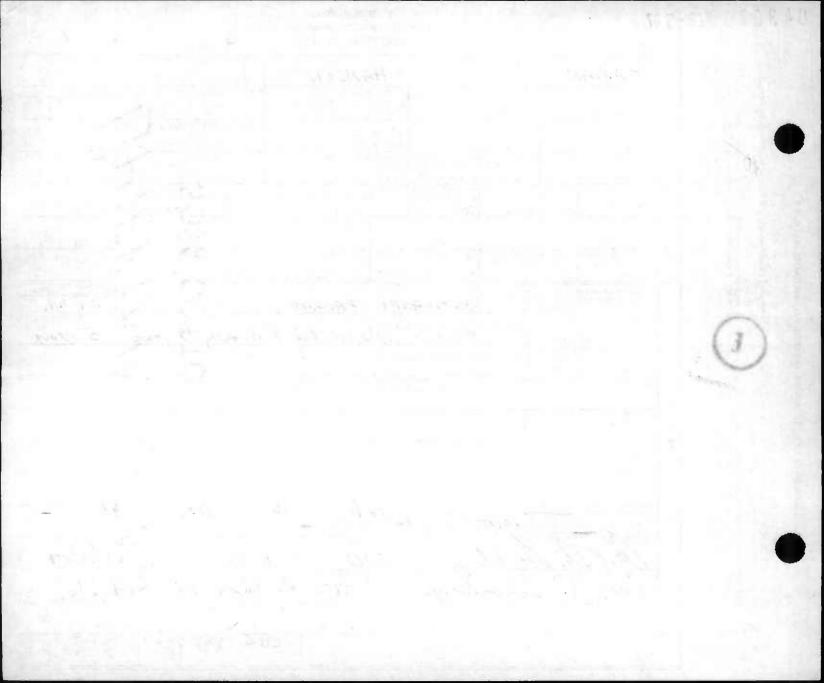
DHMH - 16 60M 7/84 (VRA 15, 4)

1804 T Street, NW,

Washington,

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician



STATE OF MARYLAND

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	0	1	1	1	
NO.					

1.	STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	0 /	6, NO.	2/	1 4
	CEASED NAME FIRST		MIDDLE	l	AST	20 DATE OF DEAT		Y YEAR	2b. HOUR
(TYPI	OR PRINT)	T.					007		10 05
3. SE		ETH HARRO	DDRT'	5. DATE C) F RIPTH	JAN 4	987	UNDER 1 YEAR	12:05p M
0.01				MONTH	DAY YEAR			NTHS DAYS	HOURS MIN.
8" D	Female IRTHPLACE (STATE OR FOREIGN	Cauc	WHAT COUNTRY?	Ser	30, 1897	89y	YRS		
	Maryland	USA		MARRIE	D NEVER MARRIED	9 BALTIMORE CIT		F DEATH	
		1		WIDOWE			Georg's		MD.
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUP		12b. KIND O	OF BUSINESS OR
	Laurel	E .			ville hosp	Bookkee		Drug	Exch.
AFSU.	AL RESIDENCE (IF NURSING HOM	LE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRE	SS / 7IB CODE		
1	and the same of th	loward	Laurel		YES NO NO	9150L Bou		20707	7
_	ATHER'S NAME				15. MOTHER'S MAIDEN NA		ZBOH BU		
)	FIRST	WIDDLE	LAST		Wilhemin	MIDD	Æ	Wils	liams
16a \	George WAS DECEASED EVER IN U.S	Marion	Tarr		17. INFORMANT		DASI RI		
	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES			Harry W. H				
	no –		579222859)	narry W. I.	laibouic	EINIIG	_	IMATE INTERVAL ONSET AND DEATH
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, O (b) DUE TO, O (c) NT CONDITIONS C 19b. COND 19b. COND 21b. TIME C HOUR A NINER) 21e. PLACE (AT HOME, ST conditions) view the body	ONTRIBUTING TO ENTRIBUTING TO ENTRIBUTION TO ENTRIBUTING TO ENTRIB	DEATH BUT OPERATIO AV YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. LOCATION STREET 211. LOCATION STREET 212. ADDRESS	20a AUTOPSY? YES NOTE RED (ENTER NATURE OF CITY OF death occurred on the	20b IF YES, IN CERTIFYI YES INJURY IN ITEM 18 PAR	VIN PART 110 WERE FINDING CAUSES COUNTY	ONGS USED OF DEATH? NO STATE that (I) (we) last couses stated
	Burial, cremation, remo Burial	VAL 236. DATE 1/6/	87 Ft.		EMETERY OR CREMATORY	y Brentw	ood F	zor@r	Md₁.

should be detached for use as with the State Dept. of Health

TO FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If them 21 is morked at them 18 shaws any

an papers. Pages 1 and 2 and camplet

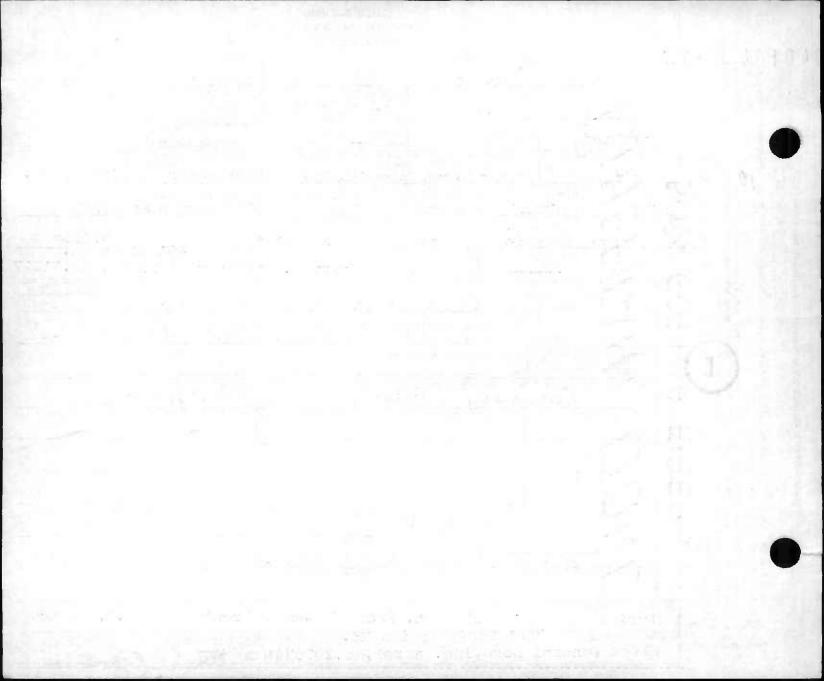
attending physician

DHMH - 16 60M 7/B4 (VRA 15, 4)

1/6/87 UNERAL DIRECTOR 7601 Sandy Spring Rd. 250. DATE F18ck Funeral Home, Inc. Laurel, Md. 2070 JAN 24 FUNERAL DIRECTOR

Brentwood

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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director, page 3 aurs after death

ng physician and banpapers. Page

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	7	0	2	1	1
9	REG. NO.				

REGISTRAR			MIDDLE	LAST			DEATH	MONTH	DAY		2h HOU	_
1. DECEASED NAME	FIRST	,	WIDDLE	Leady		20. DATE OF			UAT	YEAR	28 HOU	R
(TITE ON TRING)	MARG	ARET	ELLEN	HARM	ON	JANU	ARY	14	1987	7	2:25	P
3. SEX	4.	RACE		5. DATE OF BIR		6. AGE (IN Y	ARS LAST BIR	RTHDAY	IF UNDER		IF UNDER	_
female		white		Jan	14 1918	69		YRS	MONTHS	DAYS	HOURS	MIN
O. BIRTHPLACE (STAT	E OR FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8	. IEVED	9. BALTIMO	RE CITY C		Y OF DE	ATH		
MarylaND	1	USA		WIDOWED	DIVORCED		e Ge	orge!	s			٨
18 CITY OR TOWN OF	DEATH (. NAME OF H	HOSPITAL, NURSIN	G HOME OR OT		120 USUAL C	CCUPAT	ION	12b. 1		BUSINE	
Lanham		Docto	rs Hospi	tal of	Pr. Geo. ((TYPE OF WORK	FOR MOST	OF WORKING		USTRY	L	_
USUAL RESIDENCE (#			GIVE RESIDENCE BEFORE	ADMISSION)		- Man	ager			ipar.	tmen	
Maryland	Anne		136 CITY OR TOW 1 Lothian		NSIDE CITY LIMITS?	Lyons						
14 FATHER'S NAME					OTHER'S MAIDEN N			20 20	/ -h -lh			
FIRST	MID	R	LAST	mes	Nell	Harri	mator	1		C	ook	
Frank 160. WAS DECEASED E	VER IN U.S. ARME	43	16b. SOCIAL SECU		NFORMANT	HOLLI	ADDR			-		
YES, NO OR UNKNOW!		AR OR DATES)	-unt-	- D	r James P.	Dahhe	Lean:	ardto	wn Mo	3 20	650	
no	n/a		VIII		L Uaines 1	·	Lean	21 000			MATE INTER	VAL
PART I. DEAT	H WAS CAUSED	ane couse per BY:	line far (o), (b), and	1 MUNICALLO	syptem for	uluri			BE	TWEEN O	INSET AND	DEAT
	IMMEDIATE (CAUSE (0)	Corona	1.07.01	7				_			_
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Canditians, if		DUE TO, OI	R AS A CONSEQUE	Uthor nux	las taces							
Canditians, if gave rise to couse (a),	immediate	(b)	ا (نظا	W/(//W·	_	(1					-	1
gave rise to	immediate stating the	(b)	ا (نظا	W/(//W·	lastaces (arcimom	a						
gove rise to couse (a), sunderlying c	immediate stating the ouse last.	(b) DUE TO, OF	R AS A CONSEQUE	yasta tii	_		ORCON	IDITION G	IVEN IN P	ART 110	t	
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gave rise to couse (a), sunderlying of PART 2. OTHER	immediate stating the ause last. SIGNIFICANT CO	DUE TO, OF (c) NOITIONS CO	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	DEATH BUT NOT	(Arcimom)	200 AUTO	PSY? NO□ x	20b. IF YI IN CERT	ES, WERE IFYING C	FINDIN AUSES	GS USEC	H?
Gave rise to couse (a), sunderlying of part 2. OTHER PART 2. OTHER 19a DATE OF OP 21a. ACCIDENT WAS	immediate stating the couse lost. SIGNIFICANT CO ERATION SUNDERLYING CAUSE OF DEATH	DUE TO, OF (c) NOITIONS CO 196 CONDI 216. TIME O HOUR AJ	P AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT NOT	(ACCINOM) RELATED TO THE TER	200 AUTO	PSY? NO□ x	20b. IF YI IN CERT	ES, WERE IFYING C	FINDIN AUSES	GS USEC	H?
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been significal should be detached for use as the burial-transit permit. Then pluy with the State Dept. of Health and Mental Hygiene prior to buring.

TO FUNERAL DIRECTOR: After this certificate has been etained by the haspital ar attending physician

Company And Control Control

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH! O TREGISTRAR DECEASED NAME 20 DATE KNOWN HARRINGTON ORLEAN ITYPE OR PRINT) OF Hean DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR 5 DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED Male 66 YRS DEAD a BIRTHPLACE MARRIED NEVER MARRIED Prince Georges County MD South Carolina United States Prince George | Prince George's Hospital Ret. Construction Labor (20743)13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Prince GeorgeCapital Hts. 1201 NO -Dunbar Oak Drive 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Carrie Dean Bandaka James B. Harrington 166 SOCIAL SECURITY NO Capitol Herofits, Maryland YES NO SR UNKNOWN) May 43 11-45 212-12-5228 Cleo Harrington 1201 Dunbar Oak Dr 18. CAUSE OF DEATH (Enter only one cause per the tor (a), (b), and (c). selentie cardes Vascular dencar PART I DEATH WAS CAUSED BY IMMEDIATE CAUS DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION ICATE, WRITING THE WORD "THE FORWARDED TO THE CHIEF ME FAGE 3 SHOULD BE USED AT THE STATE DEPARTMENT OF HEAD LAND, 21201 PRIOR TO BURNAL, C. 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COLINT STATE WHILE DOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BAUTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Hamicide death resulted fram: Accident Suicide Undetermined manner Natural causes TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Rddriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Washington National Suitland, P.G.Co. Maryland 07/84 BP LATNEY's Funeral Home **DHMH - 17** (VR A15 ME (5)) Ga. Ave. NW; Washington, DC. 20011



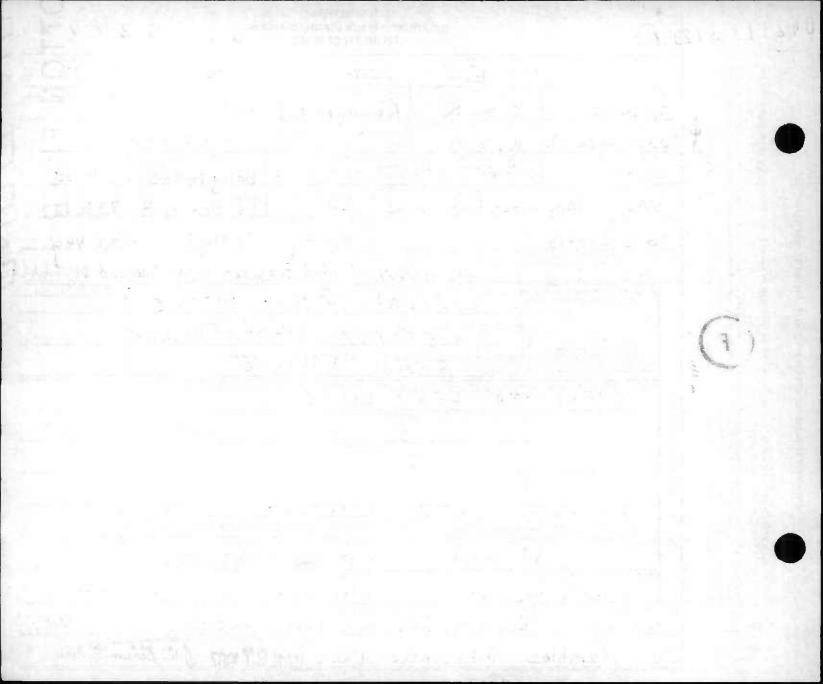
2	918	FOR STATE		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 /	0 2	2 /	11
		REGISTRAR CEASED NAME FIRST OR PRINT) FRA	ANK E.		RRIS	REG. N 20 DATE OF DEATH JANUARY	MONTH DAY	YEAR 1987	26 HOUR 11:30AM
		nale	Blac 7b. CITIZEN OF WHAT	COUNTRY? & Feb	hary 14, 1918	6. AGE IN YEARS LAST BIR	YRS.	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	De	ep creek VA. TY OR TOWN OF DEATH	U.S.	TAL, NURSING HOME	OR OTHER INSTITUTION	Prince	George	s	MD. F BUSINESS OR
3	USUA	anham	OTHER INSTITUTION, GIVE RI	ESIDENCE BEFORE ADMISSION)	Pr. Geo. Co.	Holly Fa		INDUSTRY	bod
3	13a S	VA. Acc.	omack A	ccom ac	13d. INSIDE CITY LIMITS? YES NO [] 15. MOTHER'S MAIDEN NA	13 STREET ADDRESS	30-B	233	61/
1	3 16a W	ohn Latris VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b S	GOCIAL SECURITY NO.	MAKY 17 INFORMANT	ETHEL	ESS	ah	vey
7	[Y	(ES, NO OR UNKNOWN) (IF YES, GIVE S)	oly one couse per line for	15-18-39 79	Shirleg Bel	sche5 650	8 DAW		MATE INTERVAL DISET AND DEATH
		PART I. DE ATH WAS CAUSE	TE CAUSE (a)	ORONAR	Y ARTER	P DISE	ASE	BETWEEN	ONSET AND DEATH
Mr		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	(b) (o	A CONSEQUENCE OF A CONSEQUENCE OF E H A	IVE HEALIU	RT FAL	IURE		
	NOI	PART 2. OTHER SIGNIFICANT OF	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	IN PART 10	
7	CERTIFICAT	190. DATE OF OPERATION		FOR WHICH OPERATION		20a AUTOPSY? YES □ NO 🏋	20b. IF YES, W IN CERTIFYIN YES [IG CAUSES	OF DEATH?
1	NEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- LIFE EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED	P.M.	MONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		OR PART 2)	STATE
	N	NOT WHILE AT WORK 22a. I certify that (I) (this hasping saw the deceased alive on abave, (I) (we) (did) (did not be abave)	ital) attended the dec	eased Iram	nd that in (my) (our) opinian	death occurred on the d	26 , 19. late and hour ar	nd Iram the	
1		226. SIGNATURE	OR PRINT)	1 (DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA DIRECTOR PHYSIC	CIAN .	22c DATE	7,87
		Virender P. S			5632 Annapol		, Blade	nsbur	g,Md.2071
4	1	URIAL, CREMATION, REMOVAL PECIFY LATIA UNERAL DIRECTOR C NAME LUMBLE	San. 31,19	A STATE OF THE STA	Mac-church 1250. DA	23d LOCATION CITY OF TOWN CEREC'D. BY REGISTRA		OUNTY	V & Late
-	-				, UAN	501 0			

DHMH - 16 60M 7/84

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR

IMPORTANT: If Nem 21 is marked or item-18 shows any

(VRA 15, 4)



STATE OF MAKTLAND		
EPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	REG. NO.

	FOR		DEDAI		E OF MARYLAND	PIPAIP	001	7 8
1 -	- STATE REGISTRAR		DEPAI		EALTH AND MENTAL HYG	0 /	0 4 /	
1. OE	GEASED NAME FIRST		IDDLE		AST	REG. NO. 20. DATE OF DEATH MOI	NTH DAY YEAR	26 HOUR
(24 PE	E ORPRINT)	8		Here	ford		20 87	1 4 4
3 SE	x Ahne	I. RACE		5 DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDA	AY) IF UNDER I YEAR	IF UNDER 24 HRS
F	emale	Carca	sian	MONTH	7 1888	95	YRS. MONTHS DAYS	HOURS MIN.
		6 CITIZEN OF V		Y? 8	D NEVER MARRIED	9 BALTIMORE CITY OR C		
V	irainia	USA		WIDOWE	DE DIVORCED	Prince Georg		MD.
10. C	ITY OUTOWN OF DEATH		OSPITAL, NUR FACILITY, GIVE STR		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		BUSINESSOR
-	aurel AL RESIDENCE (IF NURSING HOME OR C				ng_Home	Housewite	e H	ome
13a S	Md. Howa		13. Sava		13d INSIDE CITY LIMITS?	8805 ABES 41	more Str.	20763
9	ATHER'S NAME	NIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE	** 44\$I	
1		1.	Dav		E1Ta		Wa1k	.er
	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (1F YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SE		Virginia B	ADDRESS	e as 13 e	
	00			3-9181	VIIginia D	railli saille		AATE INSTERNAL
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one couse per l	ine for (0), (b),	ondic	1	+	BETWEENO	NSET AND DEATH
	IMMEDIATE		Clarke (ending	margarety de	Mes	1 2	0/8/
	Conditions, if ony, which	DUE TO, OR	AS A CONSEC	I	but Failure		19	83
	gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEC	DUENICE OF			19	83
	underlying couse lost.	(c)_	ASCVI					3
NO	PART 2. OTHER SIGNIFICANT CO	_	NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITI	ION GIVEN IN PART 110	
CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	Ob. IF YES, WERE FINDING CAUSES (GS USED
TIF	None					YES NOW	YES 🗌	NO D
	OR CONTRIBUTING DAUSE OF DEAT	216. TIME OF HOUR A.A	A. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.A		19	AN LOCATION			
MED	21d INJURY OCCURRED	21e PLACE C	OF INJURY ET, FACTORY, OFFIC	CE, FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this hospital	al\ attended tibe	decored from	2/1	4/83 10	1/20/8	27	has do (ma) last
	sow the deceased alive on above (II) wet (did) raid not		north Control		nd that in (my) toom opinion	. 10	and hour and from the c	ouses stated
	22b. SIGNATURE				DEGREE		22c. DATE S	IGNEP
	DBPatruch	TIL MO			ATTENDING PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN	1/2	0/87
	22d. PHYSICIAN'S NAME (TYPE OR		-4.0		220 ADDRESS 9221		Rd	
	6 Blotric	K III	MD		Silverspi	rity Md 20	910	
23a E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1/22/	/87 F	t. Lir	emetery or crematory ncoln Cem.	23d LOCATION Brentwoo	od PoG.	Md

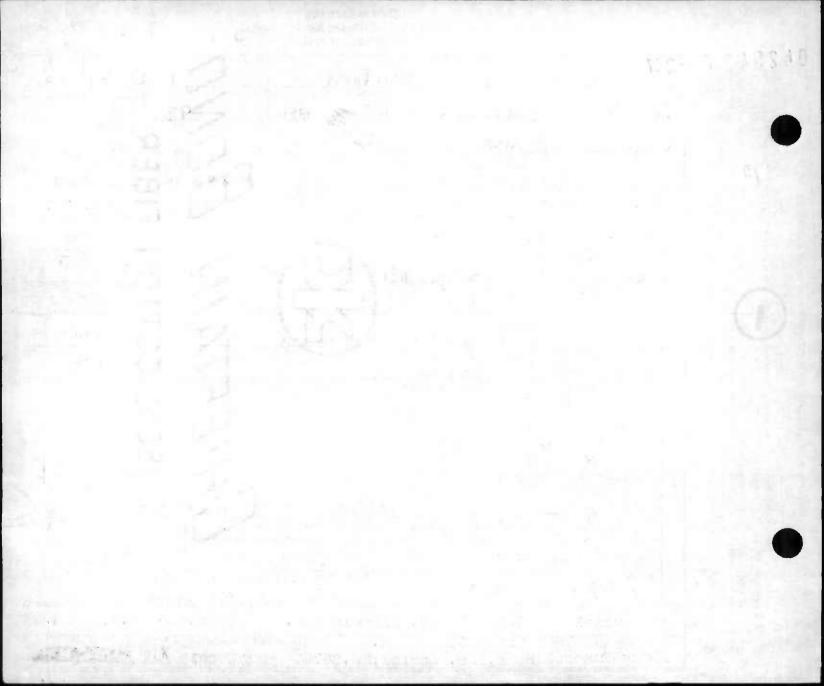
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

MPORTANT: If Item 21

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR 7601 Sandy Spring Rd. 25a Fleck Funeral Home, Inc. Laurel, Md. 20707



requires that the death certificate

OR ATTENDING PHYSICIAN: The law

the hospital

TO HOSPITAL etoined by TO FUNERAL DIRECTOR: After this certificate has been signed by the attending they should be detached for use as the buriol-transit permit. Then please remove carbon and with the State Dept. of Health and Mental Hygiere prior to buriol, cremation, at remove the MAPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumatic events.

3 6 3

STATE OF MARYLAND

-	12	FOR - STATE REGISTRAR	DEPARTA		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 RIG. N	o. O	2 /	19
		CEASED NAME FIRST Harriett	Irene Hess.		LAST	20. DATE OF DEATH	1 - 6	05	109 M. M
	1.5E	FEMALE	WHITE	5. DATE	1	6. AGE (IN YEARS LAST BH			FUNDER 24 HRS HOURS MIN.
5	in	VEST VIRGINIA	L. S. A	MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY OF		UEEES	MD
C	10 C	Koma PARK	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 1627 DR	EXEL	STREET	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		12b. KIND OF EINDUSTRY	
8	130. 5	AL RESIDENCE (IF NURSING HOME OR O STATE 134 COUNT		N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS POSSOX	ZIP CODE 42-	99	798
12	0	MAM	DOLE LAST		15. MOTHER'S MAIDEN N	MIDDLE	L	VIGAL	
k,		DECEASED EVER IN U.S. ARM OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES) 16b. SOCIAL SECU 269-36	3701	CLAPENCE R	HESS, P.O.	30×42	ZELLW	ODD FL
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if only, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	COMIN	ated lymphocy !	ic lymphoma	Stage TV	SETWEEN ONS 2 M	TE INTERVAL SET AND DEATH
		cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE		T NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	(N PART 1(a	
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, W	/ERE FINDING	
9	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY	AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJL	RY IN ITEM 18 PART	I OR PART 2)	
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	-	STREET 10	CITY OR TO	WALL 10	COUNTY	STATE
		270. I certify that (I) (this hospital saw the deceased alive on abave, (I) (we) (did) (did nat) 22b. SIGNATURE	12-61 19 8	6_,	nd that in (my) (aur) apinio		17	nd from the cau	
		Karlyi.	yapto			MEDICAL STA	FF CIAN []	22c. DATE SIC	-87
		kai-Yin Yenns, t	7Q		89 26 Woody	nd Rd #2010	liuton, t	15 2013	3 (-

BP DHMH 16 60M 7/84 VRA 5, 4%

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MOSES EVILLY 5 1 6 Dice to a ing a street with the street of the street o 18 22-4 38 22-6 (0) LITTLE CH. LAND STR. PARK SHELL BOTH Wasterland at 188 & MARCO TO The Street of t

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	2	1	8	J
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	1.	FOR STATE REGISTRAR	DEPARTA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 0 2 / 8 0				
422 JAN 3	I DE	GEASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
poge ?		Josep	ohine Elizabeth Hildebrand			Jan. 21		
4 mo	3. SE	× Female	Caucasian 5. DATE C		DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.	
irecto					. 4, 1918	68 yrs.		
# 12/23	COUNTRY)				NEVER MARRIED	9 BALTIMORE CITY OR COUNT		
fune thirm		shington, D.C.	U.S.A. WIDOWE			Prince George's	12b. KIND OF BUSINESS OR	
by the filled w		Suitland	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 4233 Silver Hill Rd.			(TYPE OF WORK FOR MOST OF WORKING LE	Home	
24 hour	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN				13e.STREET ADDRESS / ZIP COD		
in 2 should should be a should		ryland Prince	eGeorge's Suitl	and	YES NO	4233 Silver Hil	1 Rd., apt. C	
with with Solete	14. FA	FIRST	MIDDLE		FIRST	WIDDLE	LAST	
Per Solo	160 \	Richard VAS DECEASED EVER IN U.S. ARA	Phipps MED FORCES? 166 SOCIAL SECU	PITY NO	Mayme 17. INFORMANT SOR	ADDRESS 9 H	Rampey	
ond cond cond cond cond cond cond cond c		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 578-22-3563		Robert Hildel		MD 20601	
cian cian ers. P	-				Robert milde	orana, wardorr,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
physical pap pap maya rent,		18 CAUSE OF DEATH letter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PESPERATORY Failu				ro	BETWEEN ONSET AND DEATH	
ding orbor ar rer								
IN		Conditions, if ony, which (b) Farance Carena Carena					Months	
		gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Lower Five Lune Discuss & Place Page 1						
devir	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DIKE SE OR CONDITION GI	VEN IN PART 1101	
an. he low r an. t permit. ene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION		N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES	
KIAN: T g physici ertificote itol-tronsi intal Hygi tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	PED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
attendin ter this of is the burn hand Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	
spital ar spital ar CTOR: Al far use of Healt		220.1 certify that (1) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19						
ALOR A detoched detoched ote Dept.		276. SIGNATURE	AN		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/27/87	
od by		224 PHYSICIAN'S NAME (THE CAMINI)			22e ADDRESS			
CO HOSPITA efoined by TO FUNERAL should be de with the Stot						d Rd, Clinton, M	4D 20735 #602	
7 5 7 2 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5		SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE	
BP		Burial	Jan. 24,1987 Ce uneral Home, Inc	dar E	lill Cemetery	Suitland, Pri	nceceorges MD	
DHMH - 16 60M 768 3:	24 F		rry Rd., Clinton	•	230 DAI	E REC D. BT REGISTRAR 238, REGIS	TRAR'S SIGNATURE	

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STATE OF MAKTLAND							
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE		
CF	PT	FICATE	OF	DEATH			

8	REG. NO.	0	2	1	8	
	REG. NO.			-	-	_

1	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYO	GIENE 8	REG. N	0.	2 /	8	1
4		CEASED NAME OR PRINTI	FIRST		NIDDLE	· ·	AST		20. DATE OF	DEATH	MONTH D	AY YEAR	26. HOUR	R
	(ITPE	OKPRINI)	CODD		Α.	HIL	TERBRIC	K			JAN 20	0 1987	7:33	AM
	3. SE	х		4 RACE		5. DATE C	F BIRTH		6. AGE (INY	EARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 2	
		Male		Cauc	casian	Sep	t 14	1986				ONTHS: DAYS	HOURS	MIN.
	20° BI	RTHPLACE (STATE OR F	ORFIGN		WHAT COUNTRY?	8.			P BALTIMO	RE CITY C	R COUNTY	OF DEATH		
3		COUNTRY)		USA		1	D NEVER	_			eorge'			
and a		aryland	ATH		IOSPITAL NUIPSIN	WIDOWE		NORCED .	12a USUAL O			1126. KIND C	E BLICINIE	MD.
3	Ca	mp Springs	1	Malcolm	OSPITAL, NURSIN FACILITY, GIVE STREET Grow Med	. CTR	Andre Ba			K FOR MOST O	F WORKING LIFE	INDUSTRY	ne	33 OK
See .	USU/ 13a. S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		134 INSIDE	ITY LIMITS?	13e STREET A	ADDRESS	/ ZIP CODE			
7	Ma	ryland	P.		Waldor	_	YES 🗌	NO 🐷			Court		20601	
-	14. FA	THER'S NAME					15. MOTHER	S MAIDEN NA	ME	-	Com			_
Ω		Paul	E	MIDDLE H	lterbric	k		FRST Beverly	,	WIDDLE		D = a d)T	
100	16a. V	VAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORM			ADDRE	SS	Rood		
	- 0	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES	none		Paul	Hilter	brick:	See	#13 a	bove		
		18 CAUSE OF DEATH	11.5		CAR	TO R	SPTRA	ORY AR	REST		1,200		MATE INTERV	/Al
		PART I. DEATH W	M2 CMOSE	DDI:	line for (a), to, am	? - 201	RATOR		ARRUS	1		BETWEEN		
			IMMEDIA.	E CAUSE(0)	CONC AS A CONSEQUE	THOMIT	/E' HEΔI	PIL FATT.	TIRE:			1	nous	
				DUE TO, OF	AS A CONSEQUE	NCE OF	HEART	CALL	URE			74	14.77	
		Conditions, if any, gove rise to imm		(b)	CONGEST DDE							+ - '	VCH	
-		couse (a), statin underlying cause		DUE TO, OF	AS A CONSEQUE TREMAT	TER!	14 -	7	JEEK		19	4 v	nont	hs
pli .	N C	PART 2 OTHER SIGN	NIFICANT (ONDITIONS CO	NTRIBUTING TO E	DEATH BUT	NOTRELATE	D TO THE TERM	MINAL DISEASI	E OR CON	DITION GIVE	N IN PART 1	a ·	
1	CERTIFICATION	190 DATE OF OPERAT	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTC	PSY?		WERE FINDING		
	Ħ	P							YES 🗌	NO	YES		NO 🗌	
3	E E	21a. ACCIDENT WAS UND	-		FINJURY M. MONTH DA	YEAR	21c HOW II	JURY OCCUR	RED (ENTERNA	TURE OF INJU	RY IN ITEM 18 PA	RT OR PART 2)		
-1	¥	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		arr.		19								
	MEDICAL	214 INJURY OCCURE	RED	21e. PLACE (211 LOCAT	ON		CITY OR TO	WN	COUNTY	51	ATE
•	2	WHILE NOT WH	RK	(AT HOME, STR	EET, FACTORY, OFFICE, F.	ARM, ETC.)	SIRCE			CII. O. 10				
	(22a. Lertify that (I)	(this bosp		deceased from_	14	SEPT	19 86		0 51	970	987	that (I) (w	e) last
	1	saw the decease	ed olive on	20-JAW		57 or	id that in (my	(cor) opinian	death occurre	d on the de	ate and haur	and fram the	couses sta	ted
	- (27h JIGNAJURE	ald) (did n e	view the body	atter death.	-	DEGREE				-	22c. DATE	SIGNED	
		1011	11	Tron	11	_	IMD	ATTENDING PHYSICIAN	MEDICAL	STAF	FF CLANIC	705	MAI &	7
10		27-MANRSHGTO	E ANE	Se CAPT. US	AF. MO		22e ADDRE		DIRECTOR	PHISIC	IAN []	100 7	LAO C)
		033-40-09	72 NEO	ATOLOGIST	9366						man reads			
u)	22 -	O MALCOLM GR	011151	F MCDICAL	GENTER:	M	TCOL	GROW	USAF M	EB_C	LR_(MA	C1/36H	A	
	23a. B	SPECIEY)	KENOVA!	200. 57112		AME OF C	IDREWS	AFB,	WASHING	TON,	D.C.	20331-5	300 st	ATE
	24 5	Burial		Ja. 26	1987 Lan	e Hei	ghts (emeter	Ros	e To	wnship	, Mich.	igan	
		UNERAL DIRECTOR Ves-Pearson	n 17 77	70 70 7 4	100			emeter 250. DA	TE REC'D BY R	EGISTRAR	256. REGISTR	AR'S SIGNAT		il
	Τ,	ves-rearso	n F.H	. Arlino	Iton. Va.	2220		1 (1)	DIN (1 /	15901	5 50 1000	Branch - Aller	all.	

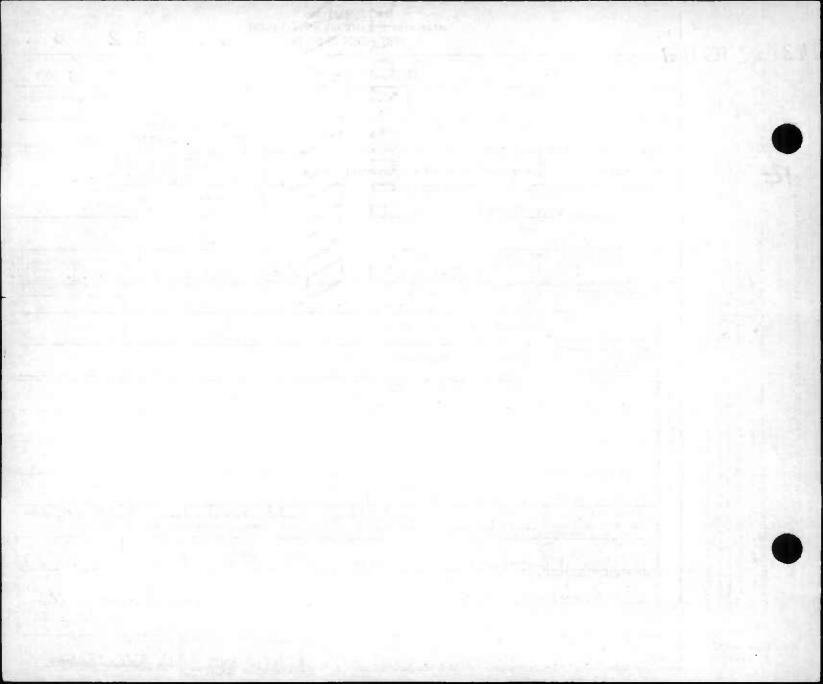
DHMH - 16 60M 7/84

(VRA 15, 4)

Ives-Pearson F.H. Arlington, Va. 22201

(I

MALIONA APPERT OF THE PROPERTY SHOW USED OVER (DAILY SHOW)



in by the funeral director. p

dd be

24 hours ofter death. Page

BALTIMORE, MARYLAND 21201

VISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

H.S. WASHINGTON + SONS 4425 BURNOUGHS AVE. N. ELAN 30 1987 Julia Dindon Rudial

CERTIFICATE OF DEATH

8	REG.	NO.	O	2	1	8	0
E OF	DEATH	MONTH	OAY	YEAR	2	HOUR	

12b. KIND OF BUSINESS OR INDUSTRY
DWN HOME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

that (I) (we) last

3 SEX	OR PRINT)	1 - 1				26. DATE OF DEATH MO	NTH DAY YEAR 26 HO
3 SEX		DENC	RA	+1	INSON	/	1-9.87 7
		4. R	ACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHD)	
	Female		Black	ATTO	01 1000	78	YRS. HOUR
	THPLACE (STATE OR FOR	REIGN 7b. C	CITIZEN OF WHAT COUN	TRY? 8		9 BALTIMORE CITY OR C	
cc	Va.		U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	PRINCE	GEVALES
10. CIT	Y OR TOWN OF DEATH	Н 11.	NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
	CKINION		So: ////	174 L1	TNO HOSP	Homemaker	. Own Home
USUAI 13a. ST		B COUNTY P. G	er institution, give residence 13t. CITY OR Was		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / Z 5002 Harp	ers Dr. 207
14. FAT	THER'S NAME FIRST	MIDD			15 MOTHER'S MAIDEN NA	ME MIDDLE	Constitution LAST
Pe	eter		Willia	ms	Laura		Smith 'S'
	AS DECEASED EVER IN			SECURITY NO.	17 INFORMANT	ADDRESS	
	ES, NO OR UNKNOWN)	(IF YES, GIVE WA	578-3	10-3928	Maud Carr-	5002 Nash	St.
T	II. CAUCE OF DEATH	(Enternal)	ne cause per ine for Ia), (b	- 1 - a a al 1 - 1 1		1 0	APPROXIMATE IN BETWEEN ONSET A
	PART I. DEATH WA			non.	() ILLAM CC	LI TOTAL	BETWEEN ONSET A
1 1		MMEDIATE C		LLUI/V	en de ve	-9 1000	
				(/			
			DUE TO, OR AS A CONS	CORENCE OF	1. mm RE	21011/2100	2005
	Conditions, if any,		161 25 TJ	1100	Well a	90000)
	gove rise to imme				_ (/	10	
	cause (a), stating underlying cause	the last.	DUE TO, OR AS A CONS	EQUENCE OF	DAMA HO	e copper.	1sch
	and any mg course		(c) M 000	VV C	1001,	0 1 100	100
	PART 2. OTHER SIGNI	FICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 110
	PART 2. OTHER SIGNI	FICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 110
	PART 2. OTHER SIGNII		196. CONDITION FOR W			20a AUTOPSY? 2	Db. 1F YES, WERE FINDINGS U
						20a AUTOPSY? 21	Db. IF YES, WERE FINDINGS US N CERTIFYING CAUSES OF DE
	19a DATE OF OPERATION	ON	19b. CONDITION FOR W		N WAS PERFORMED	200 AUTOPSY? 21	DB. IF YES, WERE FINDINGS US N CERTIFYING CAUSES OF DE YES NO
CERTIFICATION	19a DATE OF OPERATION OF THE PROPERTY OF THE P	ON RLYING		HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 21	Db. IF YES, WERE FINDINGS US N CERTIFYING CAUSES OF DE YES NO
CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDER	ON RLYING AUSE OF DEATH	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 21	DB. IF YES, WERE FINDINGS US N CERTIFYING CAUSES OF DE YES NO
CERTIFICATION	19a DATE OF OPERATION OF THE PROPERTY OF THE P	ON REYING LUSE OF DEATH ALEXAMINERS	19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 21 YES NO RED (ENTER NATURE OF INJURY IN	Db. IF YES, WERE FINDINGS US N CERTIFYING CAUSES OF DE YES \rightarrow NO *ITEM 18 PART 1 OR PART 2)
ICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE	ON REYING AUSE OF DEATH AL EXAMINER!	19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M.	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 21	Db. IF YES, WERE FINDINGS UP N CERTIFYING CAUSES OF DE YES NO
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MEDICAL CERTIFICATION	196 DATE OF OPERATION 210. ACCIDENT WAS UNDEFOR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. IN JURY OCCURRE AT WORK AT WORK	ON RLYING USE OF DEATH ALEXAMINER D E	19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M., 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	HICH OPERATIO DAY YEAR 19 FFICE FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY? 21 YES NO RED (ENTER NATURE OF INJURY IN	Db. IF YES, WERE FINDINGS UING SUNCERTIFYING CAUSES OF DE YES (NO NO NEEM 18 PART 1 OR PART 2)
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. IN JURY OCCURRE AT WORK AT WORK 220.1 certify that (1) (†	ON RLYING USE OF DEATH LL EXAMINER D E U this hospital)	19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY	DAY YEAR 19 FFICE FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURI 21l. LOCATION STREET 19	200 AUTOPSY? 21 YES NO RED (ENTER NATURE OF INJURY IN	Ob. IF YES, WERE FINDINGS UN CERTIFYING CAUSES OF DE YES NO NOTEM 18 PART 1 OR PART 2)
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MEDICAL CERTIFICATION	19a DATE OF OPERATION 71a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER. NOTIFY MEDICA 21d. INJURY OCCURRE WHITE NOTIFY MEDICA AT WORK 22a. I certify that (I) (the saw the deceased obove. (I) (we) (dic 22b. S.G.NATURE	ON REYING LUSE OF DEATH LE EXAMINER ED E this hospital) d clive on d) (did not) vie	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME: STREET, FACTORY, OI attended the deceased fr	DAY YEAR 19 FFICE FARM. ETC.)	211 LOCATION STREET 19 and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 72 YES NO	Ob. IF YES, WERE FINDINGS US N CERTIFYING CAUSES OF DE YES NO NOTEM 18 PART 1 OR PART 2) COUNTY COUNTY 19 , that (II and hour and from the couses
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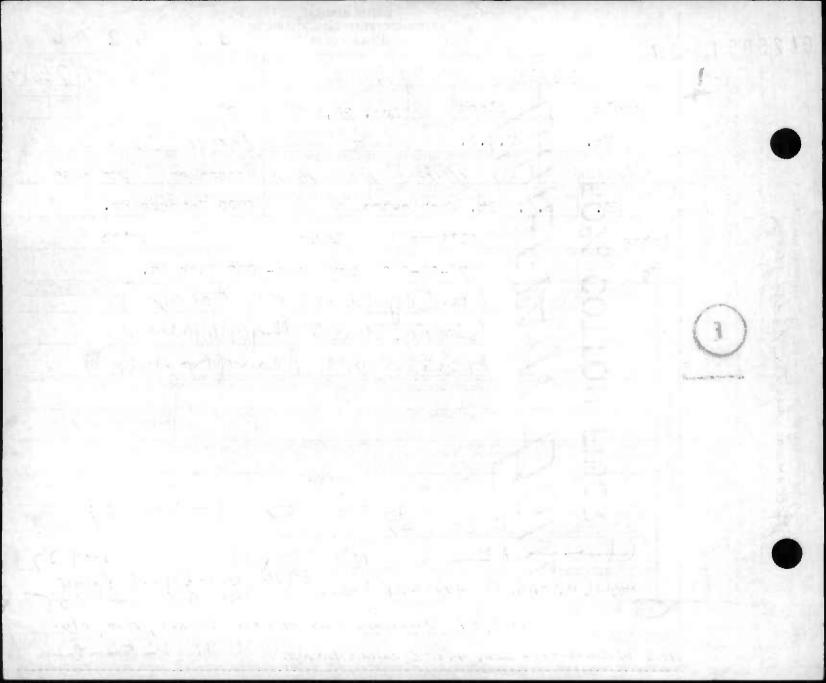
should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bu

(VRA 15, 4)

TO FUNERAL DIRECTOR:

retoined by the HOSPITAL

24 FUNERAL DIRECTOR



STATE OF MARYLAND DED A DEMENT OF MEALTH AND MENTAL HYCIENE

1		TEGISTRAR			DEPARI		FICATE OF DEATH	REG. NO	0	2 /	8	ria d
		CEASED NAME	FIRST	-	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR	₹
			ARD H	OLLAND				Jan 3, 198	37		1:04	A A
1	3. SE			4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF	UNDER 1 YEAR	IF UNDER 2	4 HRS
- 1		Male		Black		Dec		63y	YRS.	NIHS DAYS	HOURS	MIN.
1		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY	? 8.	ED W NEVER MARRIED	9. BALTIMORE CITY OF	COUNTYO	FDEATH		
3		MD			LISA	WIDOW		Prince Ge	argo!e			MD.
. /	10. ⊂1	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	NO.	126 KIND O	F BUSINES	
f	and the same	aurel	1	Greater		Beltsy	ville Hospital	Wood & Meta	1 Repa	ir US	Gov	't
d	73a. 5	AL RESIDENCE (IF NURS	13b/COUN	JTY _	13c. CITY OR TOV	WN .	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE			
7		MD	V Hov	vard	Co1um	bia	YES NO	9220 Coleman	1/Thom	as Rd/	21040	6
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS1	1	
ď	0		n Hol					eatrice Thom	as			
		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRES				
2	(YES, NO OR UNKNOWN)	WW]	E WAR OR DATES)	218-12-	3213	Ailene Hollar	nd (Wife) sa	me as	#13		
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter an	ly ane cause per	line for (a), (b), a	nd (c).	+			BETWEEN	MATE INTERV	AL
				E CAUSE (a)	Cara	100	errest			-		
				DUE TO, O	R AS A CONSEQU	JENCE OF		1 0		Marie I		
		Conditions, if any gave rise to imi		(b)	ARTE	elesch	-BAOTIC HEE	+ Disease	1	-		
i		cause (a), statir underlying cause	ng the	DUE TO, O	R AS A CONSEQU	JENCE OF	A A	15-14-0				
				(c)	Cerebur	rescule	n steedless as	osy nee	ma	1		
	z	PART 2 OTHER SIGI	NIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TERM		ITION GIVE	I IN PART TIO	enel In	useff
	0 1	147 De	Jens	we be	dio caso	war		thewler &	ujtu	WERE FINDIN		-
7	CERTIFICATION	190. DATE OF OPERA	CO	196 CONDI	ITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	NG CAUSES	OF DEATH	
ς,	E	12/1)	80		epen 133	draine	n 150 pr Heer	LINES NODE	YES [ио 🗍	
4	17.	21a. ACCIDENT WAS UNI	hom	216 TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART	I OR PART 2}		
7	Ž.	(IF EITHER, NOTIFY MEDI	CAL EXAMINER	P.,		19						
	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	M	COUNTY	STA	ATE
	~	AT WORK AT WO	HILE			1	la.					
		22a I certify that (I)		1/7	edeceased from.	1210	1 186 19		19		that (I) (we	
		saw the deceas obove, (I) (we) (ed olive on did) (did na	t) view the bady	after death	, a	ind that in (my) (aur) apinion	death occurred an the da	e ond hour o	nd from the	causes state	ed
		226. SIGNATURE	1	1	/ \		DEGREE ATTENDING	MEDICAL STAF		PATE	SIGNED	
_		UU	1 (a	-101	Jan	enu	PHYSICIAN	DIRECTOR PHYSICI		11/5/	5 /	
		224. PHYSICIAN'S N.	WE LINE O	0 -	001		22e ADDRESS	- 60- C	- 1	who.	05 19	1700
		() /	1. 1		hen		100 11/1m	co verges	p-0		1	,01
1	23a. B	SURIAL, CREMATION, SPECIF Burial	REMOVAL				CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	1. 01	COUNTY	SI/	A#
		Durlal		1-7-87	St	. Res	t Cemetery	Dorsey, Ba	ilt. CC)., Mai	_y_an	u

DHMH - 16 60M 7/84

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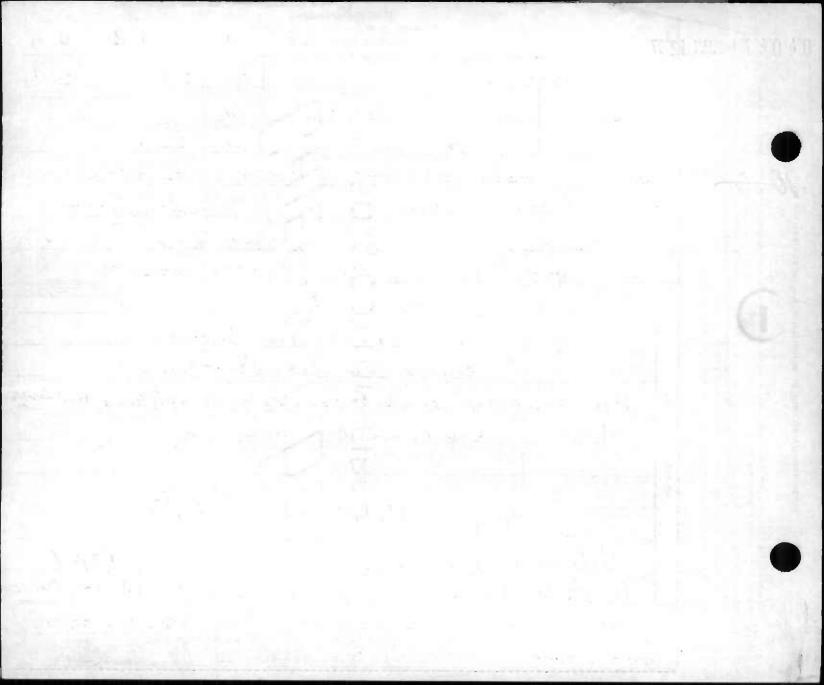
(VRA 15, 4)

IMPORTANT, II IN

74 FUNERAL DIRECTOR
NAME
George R. Snowden

246 N. Washington Rockville, MD 20850

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



	1 -	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	YGIENE 8	REG. N	0	2	1	8 :	j
B -1	I. DE	CEASED NAME OR PRINT)	FIRSTOHI	1	E.	HC	CLAND	20. DATE	81726/	87	DAY	YEAR	26 HOUR 12 2	14P
	3. SE	× MALE		4 RACE WHI	ITE		OF BIRTH H/13/45 YEAR	6. AGE (T 1	THDAY)	MONTHS	DAYS	IF UNDER ?	AIN.
S	(RTHPLACE (STATE OR FO		U. S.	WHAT COUNTRY	B. MARRIE WIDOW	D NEVER MARRIED [- LKIN	AORE CITY O	R COUN	Y OF DI	EATH		MD.
24		TY OR TOWN OF DEAT HEVERLY	TH		HOSPITAL, NURSI		OR OTHER INSTITUTION PITAL & MC		S. Nav	F WORKING	LIFE) IN	DUSTRY	F BUSINES Indus Ialis	tris
5	130. S Ma:	AL RESIDENCE (IF NURSIDENCE TO	Prin		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Riverd:	MN	13d, INSIDE CITY LIMITS? YES NO 1	6709	T ADDRESS . Hamil	zip co	DE Stre	et 2	0737	
event, the medical eve	(Cornelius vas deceased ever II ves. no or unknown) No	N U.S. AR	F. MED FORCES?	Holland 166. SOCIAL SEC 025-09-8	URITY NO.	Mary III. INFORMANT Robert C.	E. Hollan		§ Ha	le,	on S	treet 20737	
other traumofic eve		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which ediote the	(b)	R AS A CONSEQUE	JENCE OF	Failme					1 n	inf	
Sony injury, as	CERTIFICATION	PART 2 OTHER SIGN C NV AIVA 190 DATE OF OPERATI	C	(len A	L FA	n/we	NOT RELATED TO THE TE		JTOPSY?	20b. IF Y	ES, WER	E FINDIN	GS USED OF DEATH	
7	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEA	HOUR A. P. 21e. PLACE	M. MONTH D	19	211 LOCATION STREET	URRED (ENTER	CITY OR TO			R PART 2)	517	ATE
Hem 21 is mark		220.1 certify that (I) (sow the decease above, 47 (we) (4 22b. SIGNATURE	this hospi	11/26	19	87	nd that in (my) (our) opinion DECREE				-			
PORTANT		22d. PHYSICIAN SVA	ME TYPE O	1/		V	22e ADDRESS	AUT	OR PHYSIC	IAN 🗌	mp	S	Jung	7

23c NAME OF CEMETERY OR CREMATORY

Gate of Heaven Cem

STATE

Julia Taridon Randaes

MATORY 23d LOCATION COUNTY
CEM Silver Spring Montg.

25d. DATE REC'D BY REGISTRAR'25D. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

BP.

to FunERAL DIRECTOR: should be detached for us with the State Dept. of Her

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

23b. DATE

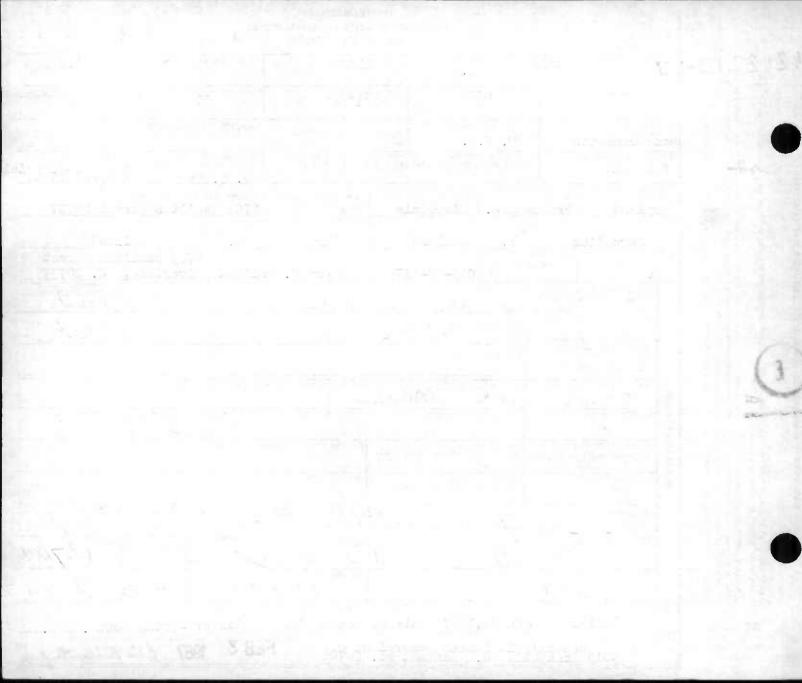
Jan

29,1987

Rendon/Hale LanhamoFuneral Home 9013 Annapolis Rd. Lanham, Md. 20706

nave corbon physicion nave corbon popers. Fation, or removol.

(VRA 15, 4)



		FOR	DEDADTI	STATE OF MARYLAND WENT OF HEALTH AND MENTAL HYD	DIENE (A)	0 / 0
*	1.	STATE REGISTRAR	DEFARIT	CERTIFICATE OF DEATH	REG. NO.	2 / 3 0
1 JAN 22		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DATE	Ze HOOK
y be		OR PRINT] HEL	EN Theresa	HOLT	01 18	87 12;10P _M
na)	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		UNDER LYEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.
cto	1	Female	Black	Dec.6.1929	57 YRS	THIS DATS HOURS MIN.
2 02 97	7a. B	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
10 122		ryland	USA	WIDOWED DIVORCED	PRINCE GEORGE'S	MD
194		TY OR TOWN OF DEATH CHEVERLY	PRINCESUCHE SPITAL, NURSIN	CHOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
24 hours	13a 5	STATE US COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c, CITY OR TOW Mary's Lovey:	N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE RFD 2 B	20656 0x 153
1 2 0		THER'S NAME		15. MOTHER'S MAIDEN NA		ox 153
3 31 AX	1	James Alexa	nder Young	Marie	MIDDLE	rville
9-/80		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166. SOCIAL SECU		ADDRESS	TATITE
9 9 9	1	res, no or unknown) (IF yes, gi	VE WAR OR DATES)	Paul L. Ho	olt Sam	0
re b oerr			nly ane cause per line for (a), (b), an		orc sam	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys npop movent,		PART I. DEATH WAS CAUSI	TO DV	locuccus Septica	em +	14 days
de la cer		IMMEDIA	DUE TO, OR AS A CONSEQUE	0		
114		Canditions, if ony, which	(ID) Chro	MC Kural to	on me	5+ years
A PINI		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
1125		underlying cause last.	10 Diale	itis Wellin	<u></u>	
ugner of born	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	IN PART Ital
1 1 1 1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED
9111	문				YES NOW YES	NG CAUSES OF DEATH?
	ERT	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	
名名 世帯 アノ		OR CONTRIBUTING CAUSE OF DE				
SP STA A	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
E a tage	ξ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITORIOWN	COUNTY
O A S O S O S O S O S O S O S O S O S O			ital) ottended the deceased fram	1/2-198	7 , 10 1 18 19	\$7, that w (we) lost
TTEN pltd TOR 10 10 10 10 10 10 10 10 10 10 10 10 10		saw the deceased olive ar		7 , and that in (***) (our) opinian	death occurred on the date and hour a	nd fram the couses stoted
HE A HOS		22b. SIGNATURE	of view file loody wher death.	DEGREE		22c. DATE SIGNED
A ANGEL		1)-h	1 alla	MED ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	1/19/87
TA SECTION AND AND AND AND AND AND AND AND AND AN		224 PHYSICTAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	01 0 0	\sim
reined To FUN To FUN Thought the		POLLA	K	4700 M	OTH PZ. CAMP	Springs
M.F. E.S. S.		SURIAL, CREMATION, REMOVAL	. 236. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	OUNTY STATE
BP		Burial	Jan.21,1987	Queen of Peace	Helen St.Mar	y's Md.
DHMH - 16 60M 7/B4	24. FI	JNERAL DIRECTOR	ADDRESS	25a DA	TE REC'D, BY REGISTRAR 255 REGISTRA	P'SSIGNATURE
(VRA 15, 4)		W. Clarke		eonardtown, MD.	AN 21 1987 and D	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	T	R D	
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O	HYSI	buri Mer	
VISI	G PI	the the	
	N O	se or	
150	HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the certificate be executed within 24 hours after death. Page 4 may be prized by the hospital or attending physicion.	S FUNERAL DIRECTOR: After this certificate has been signed to the management of completely filled in by the funeral director, page 3 and be detached for use as the burial-transit permit. Then pleas accordance pers. Pages 1 and 2 should be filed within 72 hours after death the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	R A hosp	hed the	
	AL O	etoc te D	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

02/8

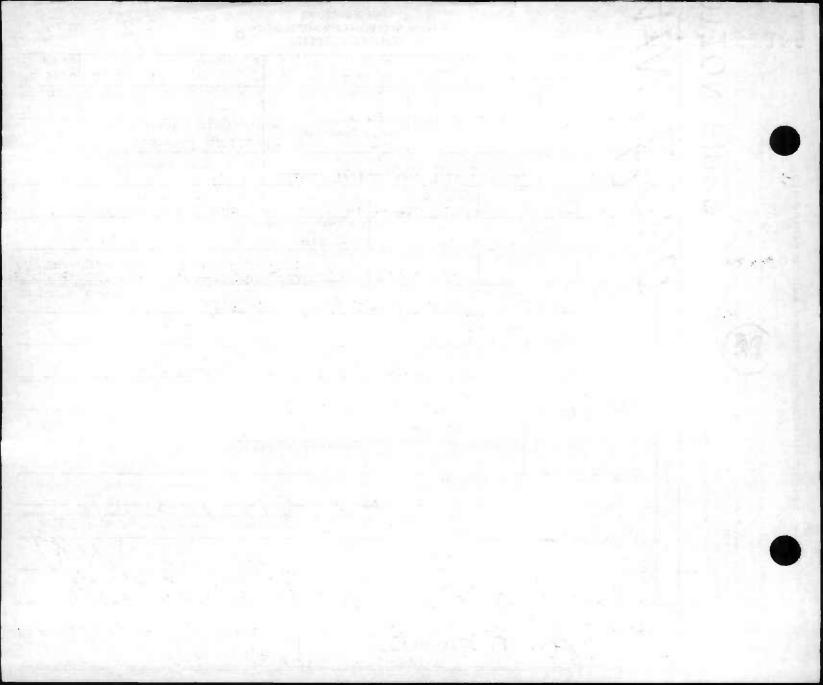
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

O SKEC	SISTRAK				CERTIFIC	ICATE OF DEATH	REC	S. NO.				
1. DECE AS	ED NAME	FIRST		MIDDLE	Į.	AST	20. DATE OF DEAT	Н монтн	DAY	YEAR	2b. HOL	JR
(TITE OR FR		SUS	ANNA	R	H	HOLT	100	01	03	87	2 4	6 PM
3 SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	MONIN	DER TYEAR	IF UNDER	R 24 HR5
Fer	nale		Blac	k	Feb.		72	YRS		DATS	1,000	741.14
	LACE (STATE C	R FOREIGN		WHAT COUNTRY?	9	XIX NEVER MARRIED	9 BALTIMORE CIT			EATH		
-	rgia		USA		WIDOWE		PRINCE O	EORGE	15			ME
	RTOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP			b. KIND C	F BUSIN	ESS OR
CH	EVERLY					DICAL CENTER	Retired	_	S (IFE) IN	DUSIKI		
	SIDENCE (IF NE	IRSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRE		205	2	17	VI
	land	Prir		rae's C			1600 J			VAC.	DIIO	10
14. FATHER	R'S NAME	14 44			HC VC	15. MOTHER'S MAIDEN NA	AME					
Gr	ant		MIDDLE	Reid		Lula	MIDD	.Е	Но	llir	າຣ	
160. WAS I	DECEASED EVE		RMED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT		DRESS				
(YES, NO	O OR UNKNOWN)	(IF YES, G	IVE WAR OR DATES)	175 12	1821	l Shirley P	0 Jutewood	od Av	enue	e-Ch	leve.	rly
		TH (Enter o	nly one cause ne	r lyle for lay (by an		Silling P	Topher-o	Anum		APPROX	IMATE INTE	RVAL
10 1	PART I. DEATH	WASCAUS	ED BY:	MENTE	DIL	minain	MMOST			DIE VIETE	ONSET AND	DEATH
		IMMEDIA	TE CAUSE (a)	3/11-600	11:00	in one of	200021					
	. P		DUE TO, O	S A CONSEQUE	-070	/						
go	nditions, if or we rise to in	mmediate	160_0		/	A 1 1 1	01					
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Z	Kowal	FA	11110.	1115/10	110	Minn SUD	hime.	f.	210 209,00	1,5-266-1-31		
CERTIFICATION 518	DATE OF OPER	ATION	194 COND	ITON FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSYT	20b. IF	YES, WEI	RE FINDI	NGS USE	D
E				/		0	YES CT. NOT		YES	CAUSES	OF DEA	
21a.	ACCIDENT WAS U	INDERLYING [21b. TIME C			Ž1c. HOW INJURY OCCUP	RRED (ENTER NATURE OF	INJURY IN ITEM	- Income	OR PART 2)		
	CONTRIBUTING	_	AIR	.M. MONTH DA .M.	AY YEAR							
	INJURY OCCL		21e. PLACE	OF INJURY		211. LOCATION						
4411		WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	EITY (ORTOWN		OUNTY		STATE
		VORK	ital) attended th	e deceased from_	- 1	0 100	1 10	- 3	19	3/	that (I) ((we) lost
	saw the dece	o evila bêc	w L	13/19	87 on	d that in (my) (our) opinion	death accurred on the	ne dote and h	nour and		-	
	SIGNATURE	(did) (did)	of) view the body	after deafth.	1	DEGREE				22c. DATE	SIGNER	7
	11.11	1//	Inn	1100	// -	ATTENDING PHYSICIAN	DIRECTOR PH	STAFF YSICIAN [114	18	/.
my	SHE KINS	MARKE LING	Capton	1. ~ 1	1	22e ADDRESS 5	hSARVIS	Aue,	SUI	to 30	2	
	BIENN	mr.	201551	on a M	10.	KIVERSIN	e moul	and	21	773	7	
230 BURTA	AL, CREMATION	N, REMOVA	73h DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	NI.			1	
Bu	irial(70	Jan.	8,1987	Ced	dar Hill Ce	metera	Suitl	and	M	aryl	land
	AL DIRECTOR	JOH	nT.	Stewar	X.111	25a. DA	TE REC'D. BY REGIST	RAR 25b. REG	ISTRAR'S	SIGNAT	TURE	F _G = T
C+	NAME	1	7 77	ADDRESS	-	5 7 7	LAN 7 19	87	ALL RIVE	Cornery	- · Carro	-

Stewart Funeral Home-4001 Benning Road,

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



mpletely filled in by the funeral director, page 3 and 2 should be filled within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	0	2	1	8	3
NO.	2.0	(manual)	,		

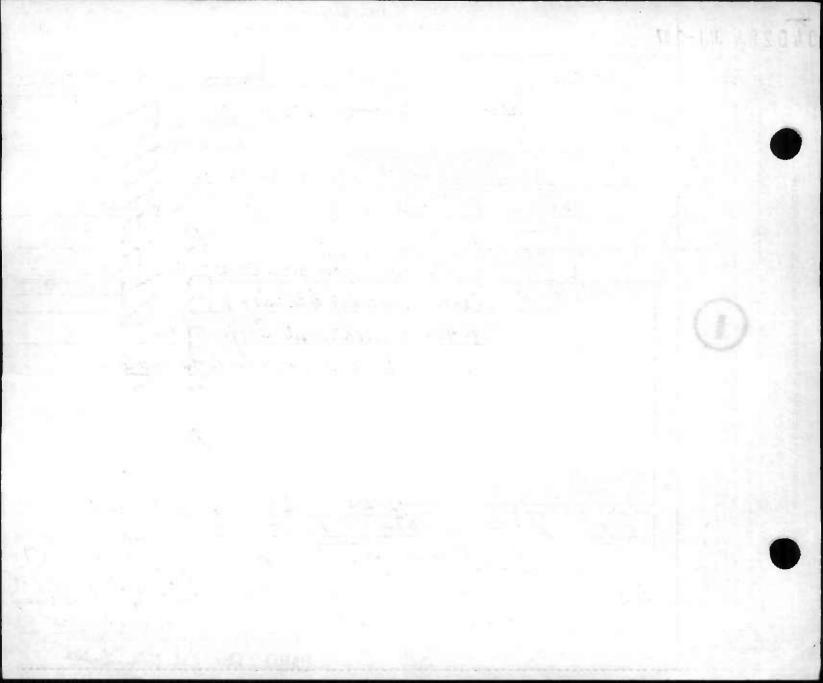
-	37	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	2 / 8 8			
1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
-	STYPE	Berdella		House1	January 3	3 1987 7:25 PM			
-	1 5E	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS			
-		Female	White		95 91 yrs.	MONTHS DATS HOURS MIN.			
1		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH			
>	P	ennsylvania	USA	WIDOWED DIVORCED	Prince Georges MD.				
4	Lo	aurel	Greater Laurel-	-Beltsville Hospi	CTYPE OF WORK FOR MOST OF WORKING	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY			
5	136.5	AL RESIDENCE (IF NURSING HÖME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO ITY 13c. CITY OR TOV MEYERS DO	ORE ADMISSION) WN 13d. INSIDE CITY LIMIT HES [3] NO [13e.STREET ADDRESS / ZIP COI 422 4th Avenue	15552-99999			
6	13	ilmore	Smith LAST	15 MOTHER'S MAIDER SUSAN	MIDDLE	tzell			
3		VAS DECEASED EVER IN U.S. AR. 185. NO 04 UNENOWN; (# 185. GIV 0	MED FORCES 166 SOCIAL SEC 168 50	urity no. 17. INFORMANT 7120 Marna Hie	rs Laurel, Marylan	ad 20708			
	z	Conditions, if any, which gave rise to immediate course (a), stating the underlying course lost. PART 2. OTHER SIGNIFICANT C	DUE TO: OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO	al Cardroy	Superation Condition G	IVEN IN PART 1/0			
2	CERTIFICATION	19s. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{YES} \(\text{NO} \)			
7	200.50	21g. ACCIDENT WAS UNDERLYING DECONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR 19	CCURRED (ENTER NATURE OF INJURY IN ITEM 18				
	MEDICAL	714 INJURY OCCURRED WHILE OF HOT WHILE OF	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	MEDIC	Al work NO! while Al work 17a certify that (II (this haspi		FARM, ETC.) STREET	inion death accurred an the date and he	. 19 . that yh (we) last			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been ugund by the should be detached for use as the buriol-trainst permit. Their please reti with the State Dept, of Health and Marital Hygiene prior to burios, crem

IMPORTANT, if from 21 is marked or from 18 shaws any

Donaldson Funeral Home, Laurer, Md



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

10	STATE REGISTRAR			DEPART		EALTH AND A		IENE B	A REG. NO	0	2	j	3	1
	CEASED NAME	FIRST		WIDDLE	l	AST		20 DATE OF D	EATH A	HTMO	DAY	YEAR	26 HOUR	A
(1100	OR PRINT)	Ruth		S	Hu	dson				1	31	87	5:51	A
3 SE			4 RACE		5. DATE C			& AGE LINYEA		tDAY}		ER I YEAR	IF UNDER 24	_
	Female		White		Mar	ch 26	1901	85		YRS	MONTHS	DAYS	HOURS /	MIN.
	RTHPLACE (STATE OR	FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER M	ARRIED	9 BALTIMOR Prin	ce Ge	COUNT			у	ME
	ty or town of DE. Riverdale	ATH	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET d Memoria	IG HOME C	OR OTHER INST	ITUTION	12d USUAL OF			LIFE) 12b	W.S	F BUSINESS	SOR
130.5	aryl and	Mrdyn Geor	65	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Riverda	N	13d. INSIDE CI YES 🛣	NO 🗌		Que e	zır col	ury	Rd	. 207	73
14. FA	Frank.	lin	A.M.	shafer		15. MOTHER'S	attie		WIDDLE			You	ng	
	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	219-42-	4294	bury	Rd.,.	nce F.	XEK)	s on Ma	ryl	and	Que	
	18 CAUSE OF DEAT PART I. DEATH W	VAS CAUSEI	D BY: E CAUSE (o)	CARD	OR	EJ PIR		erdale	RE	TZ		BETWEEN	MATE INTERVA	ATH
	Conditions, if ony gove rise to improve to improve to improve to improve the course to	mediote ng the e lost	(b)	OR AS A CONSEQUE	ENCE OF	CAR		- 171						
N	PART 2 OTHER SIG	NIFICANT		GELTIVE	A 1	A RELATED		W 12 E	OR COND	IIION G	IVEN IN	PARI IIo		
MEDICAL CERTIFICATION	190 DATE OF OPERA	TION		TION FOR WHICH	OPERATIO	N WAS PERFOR		200 AUTOP	NO X	IN CERT			IGS USED OF DEATHS	?
CAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	In .		AY YEAR	21c. HOW IN	URY OCCURR	RED (ENTER NATU	RE OF INJURY	IN ITEM IB	PART I OF	PART 2]		
MEDI	21d INJURY OCCUR WHILE NOT WE AT WORK AT WO			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATIO STREET	7		CITY OR TOW	N	cc	YINUC	STAT	TE.
	22a.1 certify that (1) sow the decease above, (1) (wert	ed olive on	1-3	19.8	- 7 . or	nd that in (my)	our) opinion o	death occurred	on the dot	e ond ho	., 19	,	that (I) (we couses state	
	22b. SIGNATURE	- C	hind	- ~)		TTENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI		2	2c DATE S	SIGNED 31-	7
	22d. PHYSICIAN'S N	756H	MA7	MEHT		22e ADDRESS	65 18	1 Kgs	ili	non	1	-013 UNI	-	
	SURIAL, CREMATION,	REMOVAL	23b. DATE	23c h	NAME OF C	EMETERY OR C	REMATORY	23d. LOCAT			e COUA	JTY _	2 3161	160

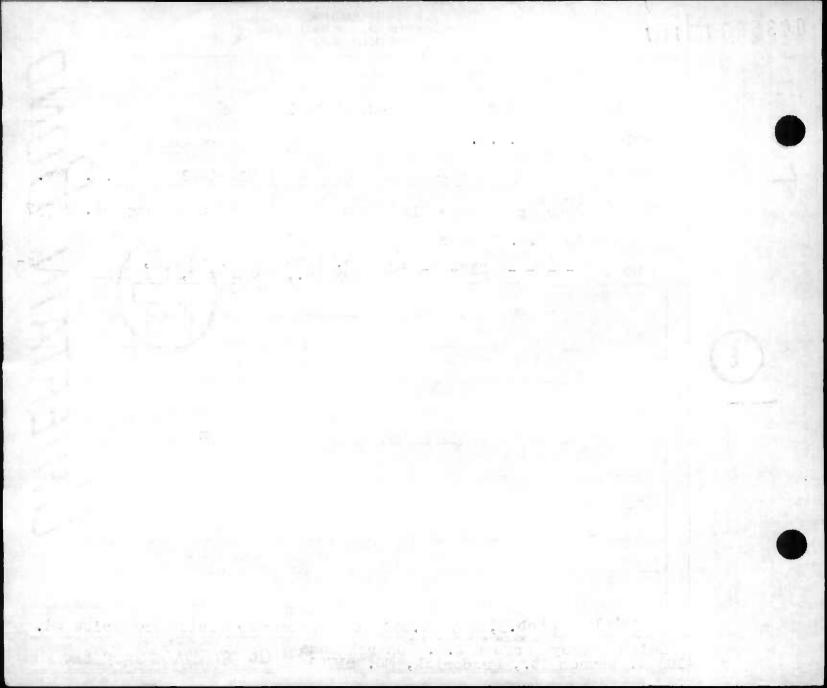
DHMH - 16 60M 7/B4

ORTANT

(VRA 15, 4)

eb.3,1987 Mt.Olivet Cemetery Frederick Frederick Md. Funeral Honge Date Rec's. By Registrar? SS. Registrar's SIGNATURE k. Md. 21701EB 06 1987 Alia Manda D. La

" Smath Keeney Basford P.A. Funer, 106 E. Church St., Frederick, Md. Diridon Rondows



		ron.			STATE OF MARYLA			0 0	7 0 0
IAM	7-	FOR STATE REGISTRAR		DEP	CERTIFICATE OF D		REG. NO.	0 2 1	7 7 0
OAN	1. DE	EASED NAME	FIRST	MIDDLE	LAST	20		ONTH DAY YEAR	2b. HOUR
- 14	(TYPE	OR PRINT)	onard	J.	Hurley		January 8.	1987	9:079M
- 1	3. SE	(4 RACE		5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YE	AR IF UNDER 24 HRS
	Ma	le	Cau	casian	April 16	1929	57	YRS.	TS HOURS MIN.
9/	7a BI	RTHPLACE (STATE OR F	OREIGN 76 CITIZ	EN OF WHAT COUP	MARRIED TO NEVER A	AARRIED 9.	BALTIMORE CITY OR	COUNTY OF DEATH	
5	No	rth Dakota	U.	S.A.		VORCED	Princ	e George'	S MD.
0		. Washingt		ME OF HOSPITAL, N OT IN SUCH FACILITY, GIVE 15 Oaklawn	URSING HOME OR OTHER INST STREET ADDRESS! 1 Road	(1	uSUAL OCCUPATION TYPE OF WORK FOR MOST OF W rinter	ORKING LIFE) INDUSTE	OF BUSINESS OR RY
5	13a. S	AL RESIDENCE (# NURSI	ING HOME OR OTHER INS	TITUTION GIVE RESIDENCE	BEFORE ADMISSION)		e.STREET ADDRESS / Z 3715 Oaklay	IP CODE 2	20744
E CE		THER'S NAME	TITIOC G	orde 100		S MAIDEN NAME	JII) Vaktav	vii itu.	
0		Vernon	WIDDLE	Hurle		la la	WIDDLE	Se	hmidt
medical		VAS DECEASED EVER ES, NO OR UNKNOWN)	N U.S. ARMED FOI (IF YES, GIVE WAR OR I Korean		SECURITY NO. 17 INFORMA 20-6585 Bernar	dine A.	Hurley Ft.		on. Md.
, the		18 CAUSE OF DEATI	H (Enter only one co	ouse perpline for (a), (b), and (c),)	10		APPR BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
even		PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSI	E(0) hei om	40 sarcoma of	the st	Bmach	7	mos
otic			DUI	E TO, OR AS A CON	SEQUENCE OF	,			
roumol		Conditions, if ony,	which ((b)					
other tr		gove rise to imm couse (a), stating underlying couse	g the DUE	ETO, OR AS A CON	SEQUENCE OF				
injury, or o	,	PART 2. OTHER SIGN	VIFICANT CONDITI	ONS CONTRIBUTING	G TO DEATH BUT NOT RELATED	TO THE TERMINA	AL DISEASE OR CONDIT	ION GIVEN IN PART	lio.
ony inju	CERTIFICATION	19a DATE OF OPERAT	10N 19h	CONDITION FOR W	HICH OPERATION WAS PERFO	DRMED.	20a AUTOPSY? 2	Ob. IF YES, WERE FIN	DINGSLISED
200 mg	FIC						YES NO	N CERTIFYING CAUS	SES OF DEATH?
5	ER	21a. ACCIDENT WAS UND		TIME OF INJURY	21c. HOW IN	JURY OCCURRED	(ENTER NATURE OF INJURY IF		
Item 18		OR CONTRIBUTING	AUSE OF DEATH	DUR A.M. MONTH					
	MEDICAL	(IF EITHER NOTIFY MEDIC		P.M. PLACE OF INJURY	19 211. LOCATIO	NC			
	AR.	WHILE NOT WH	HLE []	HOME, STREET, FACTORY, C	OFFICE, FARM, ETC) STREET		CITY OR TOWN	COUNTY	STATE
		22a.l certify that (I)		adad the daracad i	tion Jene	10 86	" Jan	8 10 87	. that (I) (%e) lost
		sow the deceose	ed olive on	11-21	0.4	(off) opinion dec	oth occurred on the date	and hour and from t	
		obove, (I) (Ye) 10 22b. SIGNATURE	(did not) view th	ne body ofter death.	DECREE				ATE SIGNED
		(a)	Law Lie	acton	A	ATTENDING X	MEDICAL STAFF DIRECTOR PHYSICIAL	_ /-	-8-87
Z 7		22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	7	22e ADDRES	S			-
I		kai-		ung, n.D.			Rd., #201	, Clinton,	, Maryland
		URIAL, CREMATION, SPECIFY Burial		12/87	Cedar Hill Ce	meterv	23d LOCATION Suitland	P.G.OUNTY M	laryland
7.00	24. FI	INERAL DIRECTOR	1,		6160 Oxon Hill	Pa 25e DATER	EC'D. BY REGISTRAR 251	B. REGISTRAR'S SIGN	VATURE
7/B4	(eorge P. I	Kalas Fun	eral Home	Oxon Hill, Md.	IAN 1	2 1087 1	lia Dividera.	Randaus
	1						CA 1384 1		

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Alford Total Total State of the Control of the Cont

	FOR			050 4 074		E OF MARYLAND	APAIP.			5 1
1-	STATE REGISTRAR			UEPAKIN		ICATE OF DEATH	S 7	0 2	1	7 1
	CEASED NAME	Cillia.	m	NIOOLE	H	vde	20 DATE OF DEATH	1-9-	ST 26	HOUR J
3. SEX	Male	4.1	RACE	ite	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY] IF UNDI		INDER 24 HRS
	RTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Prine	R COUNTY OF DE	EATH 29C	MD.
Gr	reenbelt	0	LREER	belt N	SQ.	Penter Institution	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Project Ma:	F WORKING LIFE) IN	KIND OF BUDUSTRY Gulf 0:	il Corp.
13a. S	AL RESIDENCE (IF NURS	136 COUNTY		GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS?		FETY TO	Rn	20715
14 FA	THER'S NAME Charles	ALÍ	red	Hyde		IS. MOTHER'S MAIDEN NAME Blanche	Me MIDDLE		Rhode	es
	VAS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. ARME		166 SOCIAL SECU		Garrett R. H		Safety To Maryland		15
	PART I. DEATH W Conditions, if any, gove rise to imm couse (a), statin underlying couse	which mediate g the	DUE TO, Of	RAS A CONSEQUE	OS C		HE BRT D	ISE ASE	APPROXIMATE BETWEEN ONSET	YEARS YEARS
NOI						NOT RELATED TO THE TERM				
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	21b. TIME O HOUR A.	m. month da m.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OF	RPART 2)	
MED	21d. INJURY OCCURE	ILE	21e PLACE (OF INJURY BET, FACTORY, OFFICE, F.	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	wn cc	PINUC	STATE
	220.1 certify that (1) saw the decease abave, (1) (a)	d alive an	2 - 12 iew the body	- 19.5	6	nd that in (my) in opinion	death accurred an the de	ate and haur and f		(1) (pp) last
	276 SIGNATURE	u G	Hu	ed Mo	î	DEGREE ATTENDING PHYSICIAN ()	MEDICAL STAI	FF	2c. DATE SIGN	87
	JOH N		MA	M. D.		14300 GAL	LANT FO	OX LA.	130 h	HE MD

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: retained by the haspital

MPORTANT: If Item 21 is

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial,

PHYSICIAN: The low

TO HOSPITAL

njury, ar ather traumatic

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

Beall Funeral Home

STATE Virginia

1987 Metropolitan Crematory 16000 Annapolis Road 25. DATE RE Bowie, MD 20715-3043

Crambols (Department of the Color of the Col

FINE STALL VERMINES WAS IN ANOTHER THE TOTAL

leaden Allred Hyde Blanche M. August and M. 12019 efect Murn - 179-16-9096 Cerrutt B. Epole Bowl , Maryland 20715 and

Posti Fineral Moss | Lower, Mil 20715-3045

remains Johns, by C. Popolitics bring for Alexandria, Frince, Virginia

07/84 BP 25AA **DHMH - 17** (VR A15 ME (5))

Burial 24 FUNERAL DIRECTO

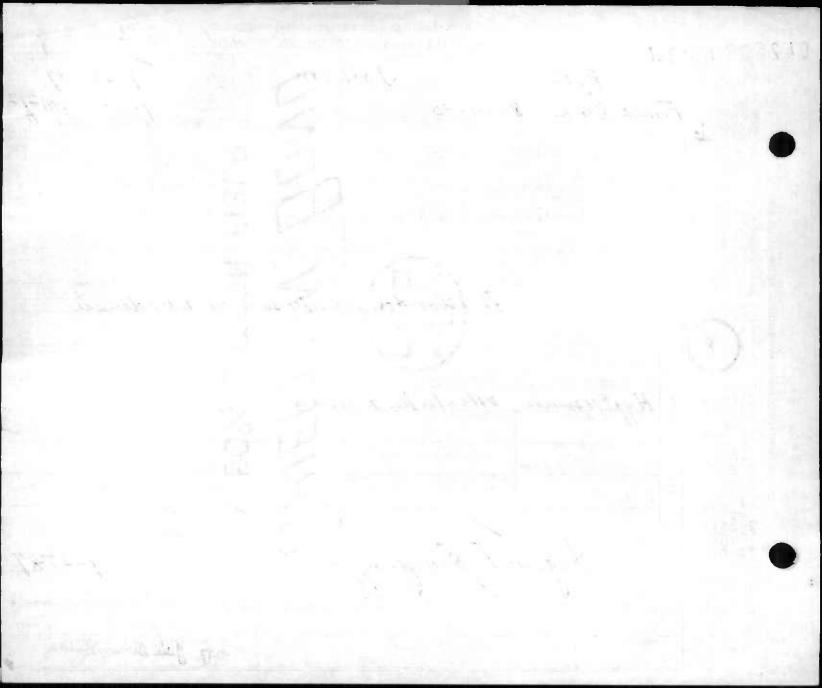
Jan

23r NAME OF CEMETERY OR CREMATORY 1987 Harmony Memorial

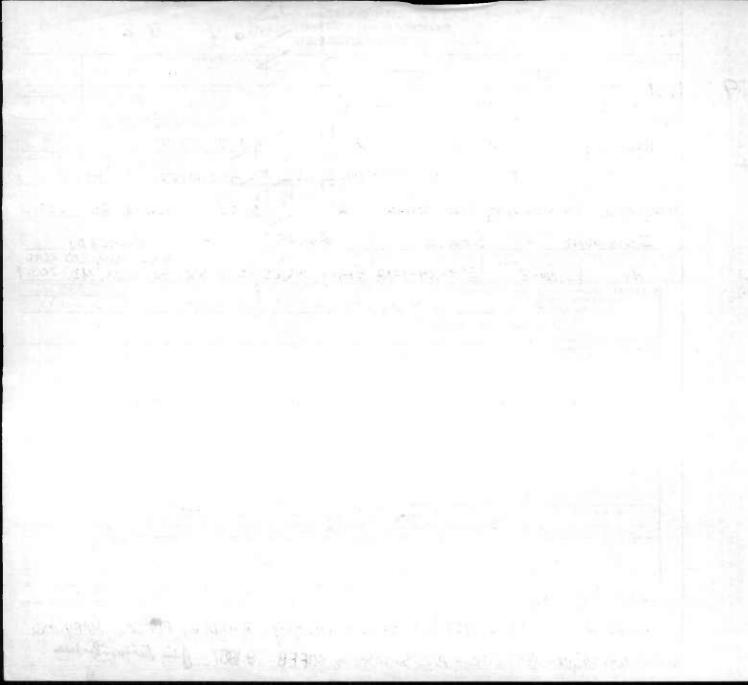
Park Landover, Maryland

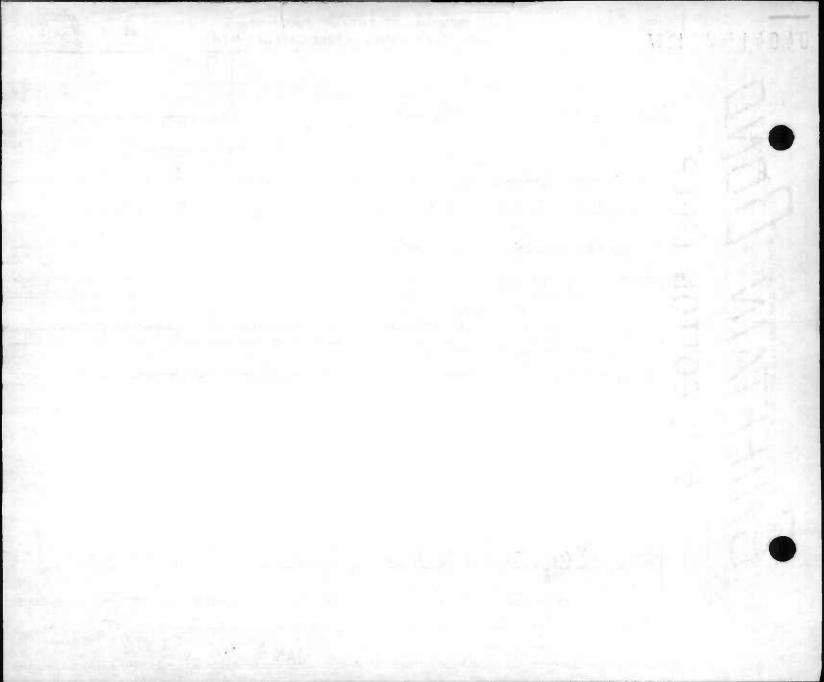
Home-4001 Benning Road

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNA



			STATE OF MARYLAND		
	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2/73
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	25 110 01
	ROZAL	IA JA	EGER	01 3	1 87 4:50A M
3 SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS
	FEMALE	WHITE	12 16 07	79 _{YRS.}	
7a. B1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	OF DEATH
A	HUNGARY	U.S.A.	WIDOWED DIVORCED	PRINCE GEORGE'S	MD
18. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	OF HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
CI	EVERLY /	PRINCE GEORGE'S	HOSPITAL CENTER	HOMENAKER_	HOME
USU/	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP CODE	,
MA			RING YES NO	8505 SPRINGVAL	E RD / 20910
	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	
V	ZSIGMOND	- SZOKE	ANNA	MIDDLE	ENCEDI
	AS DECEASED EVER IN U.S. AR			ADDRESS 6312	MARYWOOD READ
1	/	NE ST9-24	-1212 EMILY GROVE		3DA. MD. 2081
		ly ane couse per line for (a), (b), an		A 1 ·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	Ta	it cr ction	2 weeks
	IMMEDIAT	DUE TO, OR AS A CONSEQUI	TNGE OF		
	Canditions, if ony, which	(th)	ENCE OF		
	gove rise to immediate couse (a), stating the	DUE TO OR AS A CONSEQUE	ENGE OF		
	underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF		
	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART I (a
NO.	nisquae F	it he roschrotic	Ducese s/P	n. I. 1/2 Let + 6	3KA
E S	190. DATE OF OPERATION	1116	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
Ě		11	A	YES NOW YES	ING CAUSES OF DEATH?
CERI	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB PAR	RT OR PART 2)
AL	OR CONTRIBUTING CAUSE OF DEA	(IH	AY YEAR		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC) SINCE	CITION TOWN	STATE
	220.1 certify that (N this hospi	tal) attended the deceased from_	7/5 19 16	, to	9 1 that I) (we) last
	saw the deceased alive on) view the bady after death	and that in (m) (our) opinion	death occurred on the date and hour	ond from the causes stated
	22h. SIGNATURE	y view the body offer death.	DEGREE		22c. DATE SIGNED
	BLOW H.	42	MO ATTENDING	MEDICAL STAFF	1/31/87
	224. PHYSICIAN'S NAME (TYPE O	DR PRINT	77e ADDRESS		1
	Don H. Yel	latinorala	10300 (218)	enbeld Rd, sect	my Joon
		210.00011	0	·	1
73a P		23h DATE 23c I	NAME OF CEMETERY OR CREMATORY	123d. LOCATION	
(URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN DURONAL OC.	COUNTY STATE
	URIAL, CREMATION, REMOVAL		HAMBERS CREMATORY	23d. LOCATION CITY OR TOWN RIVERNALE, PG.C TE REC'D. BY REGISTRAR 25b REGISTR	O. MARYAND AR'S SIGNATURE





STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

REGISTRAR

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death accurred on the date and haur and from the causes stated 22c. DATE SIGNED DIRECTOR | PHYSICIAN [230 BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

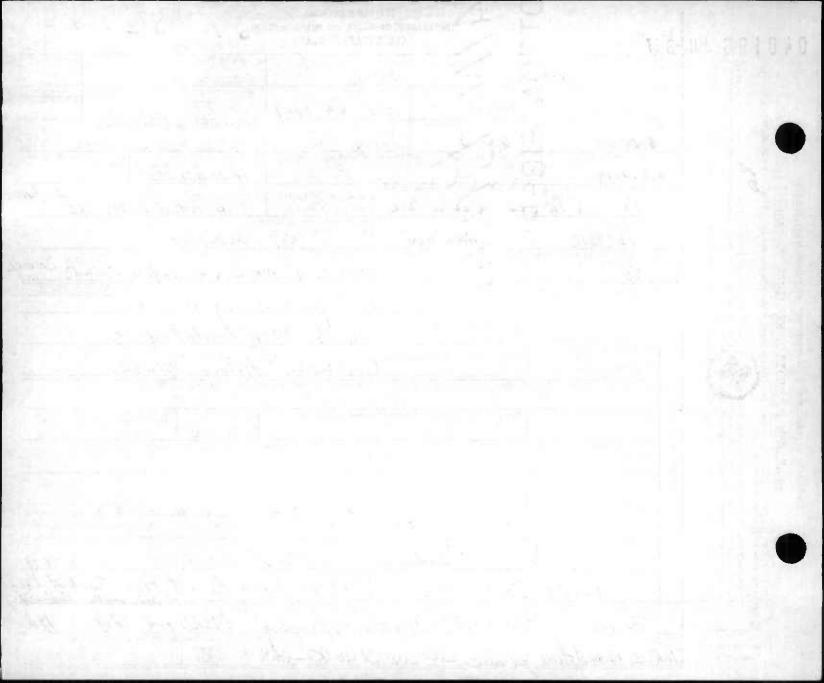
2b HOUR

17b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR

INDUSTRY



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

April ^1 1900

Johnson

5 DATE OF BIRTH

Cohen

A AGE LIN YEARS LAST BIRTHDAY

January

MONTH

25

1987

IF UNDER 1 YEAR

26 HOUR

3:20 pmm

IE LINDER 24 HRS

20. DATE OF DEATH

86

BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George County WIDOWED DIVORCED 126 KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORLD OR MOST DE WORKING LIFE Bublishing "TYENGENGET OF NUTSTEEL Center USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20705 STREET ADDRESS, ZIP CODE Apt. 306 13d. INSIDE CITY LIMITS? Prince George Beltsville 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Unknown 17 INFORMANT ADDRESS 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Albert F. Johnson same as 212-78-1526 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 206. IF YES, WERE FINDINGS USED 20g AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 21c HOW INJURY OCCURRED 216 TIME OF INJURY MONTH DAY YEAR HOUR A.M. P.M 211 LOCATION 21e PLACE OF INJURY STATE COUNTY CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM, ETC.) STREET 220.1 certify that (1) (this haspital) attended the deceased from , and that in (my) (aur) opinion death occurred on the date and haur and from the couses stated sciw the deceased alive on above, (1) (we) (did) (did not) vi who bady after death. 220 DATE SIGNED DEGREE STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY Alexandria Fair Tax Virginia Metropolitan 1-27-87 25 REGISTAR SIGNATURE 4400 Powder Mill Rd V. Borgwardt Beltsville Md 2070

MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST buriol-tronet of Health DIRECTOR ild be detached f the State Dept. c - STATE

3 SEX

REGISTRAR

Etta

4 RACE

IISA

MIDDLE

White

DECEASED NAME OR PRINTS

Female

14 FATHER'S NAME

No

CERTIFICATION

MEDICAL

To BIRTHPLACE ISTATE OR FOREIGN

New York

10. CITY OR TOWN OF DEATH
Greenbelt

Unknown

Conditions, if ony, which gave rise to immediate cause (a), stating underlying cause lost.

190 DATE OF OPERATION

71d INJURY OCCURRED

23g. BURIAL CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR

226 SIGNATURE

710 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

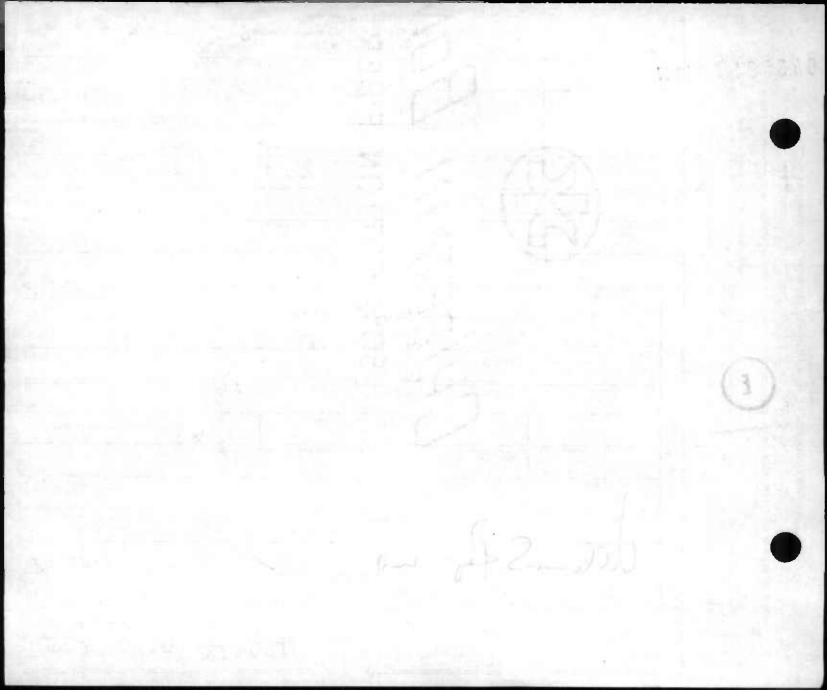
LIE BITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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MPORTANT



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

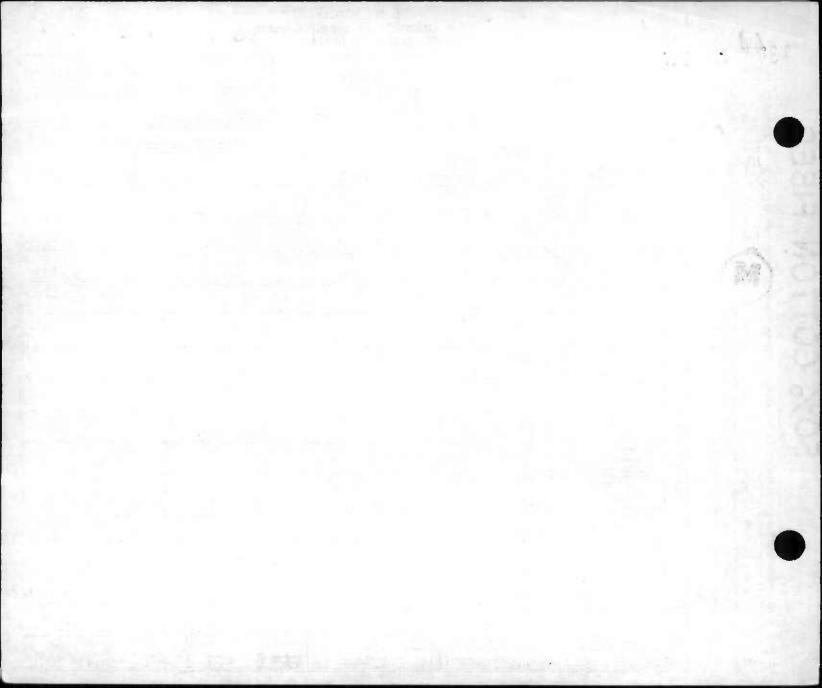
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050 110					

	CEASED NAME	FIRST	7	MIDDLE		AST	REG. N	MONTH	DAY	YEAR	2b HC
(TYP	E OR PRINT)	Virgi	nia N	Margaret	J	ohnson		1	31	87	10
3 SE	X		RACE	ar garee	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER	RIYEAR	IF UND
F	emale		Caucas	sian	June	23, 1906 YEAR	80	YRS	MONTHS	DATS	HOURS
-	IRTHPLACE (STATE OF	R FOREIGN 71		WHAT COUNTRY?	8		9 BALTIMORE CITY			ATH	
V	country) irginia		U.S.A.		WIDOWE	D NEVER MARRIED DIVORCED	Prince G	eorge	s Cou	intv	
	ITY OR TOWN OF DE	ATH 1			NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	ION		KINDO	F BUS
	Riverdale	2		d Memoria	-	pital	Film Deve			op1	
ÜSU 13a.	AL RESIDENCE (IF NUI	RSING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CC			
	aryland		e Geo.	Hyattsv		YES XX NO	5805 42nd			078	1
14. F	ATHER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA	WE			IAS	ī
0	tis	E.		Allen		Blanch	М.			one	s
	WAS DECEASED EVE		ED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMANT 9108	Marcellas	Driv	e		
N		+		578-09-7	742	Harry A. Pos	s, Owens,	Mary			736
	18 CAUSE OF DEA			line for (o), (b), on	id Ichi				ВЕ	APPROXI	IMATE IN
	PART I. DE ATH WAS CAUSE BY: IMMEDIATE CAUSE 10) ACUSE DIFFEREDY WALL M. I										
	underlying cous	ing the	DUE TO, OI	A CULE		tmonay a	rrest.				
NO		se lost.	((c)_	Acule	peu		TYEST .	NDITION (GIVEN IN P	ART 110	0
IFICATION	underlying cous	SNIFICANT CO	ONDITIONS CO	Acute ONTRIBUTING TO	DEATH BUT		NINAL DISEASE OR CON	20b. 1F	YES, WERE	FINDIN	NGS US
AL CERTIFICATION	PART 2. OTHER SIG	SE TOST. GNIFICANT CO ATION NDERLYING CAUSE OF DEATH	19b CONDI	DATRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF Y	YES, WERE ETIFYING C YES	FINDIN	VGS US
MEDICAL CERTIFICATION	PART 2. OTHER SIG	SNIFICANT CO	ONDITIONS CO	DATRIBUTING TO	DEATH BUT HOPERATIO AY YEAR 19	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF Y IN CER	YES, WERE ETIFYING C YES	FINDIN AUSES	VGS US
7	PART 2. OTHER SIC	ATION ATION MERLYING CAUSE OF DEATH DICALEXAMINER) RRED WHILE ORA	I9b CONDITIONS CO	DITRIBUTING TO	DEATH BUT H OPERATIO AY YEAR 19	NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET	200 AUTOPSY? YES NO RED (ENTERNATURE OF INJ	20b. IF Y IN CER	YES, WERE TIFYING C YES	FINDIN AUSES	NGS US OF DE. NO
7	PART 2. OTHER SICE 19a DATE OF OPER. 21a. ACCIDENT WAS UPON CONTRIBUTING THE STORY OF THE STOR	ATION ATION MERLYING CAUSE OF DEATH ORR ORR	I9b CONDITIONS CO	DITRIBUTING TO	DEATH BUT OPERATIO AY YEAR 19 FARM ETC	NOT RELATED TO THE TERM IN WAS PERFORMED 214 HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	20b. IF Y IN CER URY IN ITEM 1	YES, WERE TTIFYING C YES COU	FINDIN AUSES	NGS US OF DE. NO
7	PART 2. OTHER SIC 19a DATE OF OPER. 21a, ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d. INJURY OCCUI WHILE AT WORK. NOTIFY 22a. I certify that (company)	ATION NDERLYING CAUSE OF DEATH CAUSE OF DEATH OF THE CORR (this hospito sed olive on _	IPB CONDITIONS CONDITI	DITRIBUTING TO JUNE TO	DEATH BUT OPERATIO AY YEAR 19 FARM ETC	NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUR 211 LOCATION STREET 20 , 19 87 and that in (my) (our) opinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	20b. IF Y IN CER URY IN ITEM 1	YES, WERE THEYING C YES COU COU 18 PART LORE	FINDIN AUSES	NGS US OF DE. NO
7	PART 2. OTHER SIC 19a DATE OF OPER. 21a. ACCIDENT WAS UI OR CONTRIBUTING [(IF EITHER, NOTIFY ME) 21d INJURY OCCUI WHILE AT WORK 22a I certify that (sow the deced obove, (1) (we) 22b. SIGNATURE	ATION NDERLYING CAUSE OF DEATH CORE C	IPB CONDITIONS CONDITI	DITRIBUTING TO JUNE TO	DEATH BUT OPERATIO AY YEAR 19 FARM ETC	NOT RELATED TO THE TERM IN WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION SIREET 20 , 19 & 7 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	20b. IF IN CER	YES, WERE THEYING C YES COU COU 18 PART LORE	FINDIN AUSES	NGS US OF DE. NO
7	PART 2. OTHER SIC 19a DATE OF OPER. 21a, ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d. INJURY OCCUI WHILE AT WORK. NOTIFY 22a. I certify that (company)	ATION NDERLYING CAUSE OF DEATH CAUS	In time of Hour A. 21b. Place (Al Home STR 21b. ottended the view the body.	DITRIBUTING TO	DEATH BUT H OPERATIO AY YEAR 19 FARM ETC	NOT RELATED TO THE TERM IN WAS PERFORMED 21c HOW INJURY OCCUR 21l LOCATION STREET 20 , 19 ST and that in (my) (our) opinion DEGREE	ZOB AUTOPSY? YES NO	20b. IF VIN CER	YES, WERE TIFYING C YES COU 19 9 7 10001 and from 1226	PART 2) JUNTY Om the	that (I) couses SIGNE
MEDICAL	PART 2. OTHER SIC 19a DATE OF OPER. 21a. ACCIDENT WAS USE OR CONTRIBUTING (IF EITHER NOTIFY MEI AT WORK AT W 22a. I certify that (ATION NDERLYING CAUSE OF DEATH OF CALEXAMINER) (Athis hospito sed olive on Chid) (did not) SUCLUMENT CONTROLL CONTROL	In time of Hour A. 21b. Place (Al Home STR 21b. ottended the view the body.	DITRIBUTING TO DITRIB	DEATH BUT OPERATIO AY YEAR 19 FARM ETC OI	211 LOCATION SIREET ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO	20b. IF VIN CER	YES, WERE TIFYING C YES COU 19 9 7 10001 and from 1226	PART 2) JUNTY Om the	that (I) couses SIGNE
WEDICAL	PART 2. OTHER SIC 19a DATE OF OPER. 21a. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER NOTIFY MET AT WORK 22a. I certify that (sow the decel obove, (I) (we) 22b. SIGNATURE	ATION NDERLYING CAUSE OF DEATH OF CALEXAMINER) (Athis hospito sed olive on Child (did not) SUCCESSED NAME (TYPE OR)	IPB CONDITIONS CO. IPB CONDITIONS CO. IPB CONDITIONS CO. IPB CONDITIONS CO. P. IPB CONDITIONS CO. P. IPB CONDITIONS CO.	DITRIBUTING TO DITRIB	DEATH BUT OPERATIO AY YEAR 19 FARM ETC OI NAME OF C	216 HOW INJURY OCCUR 211 LOCATION SIREET 20 19 ST and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS 6005 LA	200 AUTOPSY? YES NO	20b. IF IN CER IN CER OWN AFF ICIAN D. (1)	VES, WERE VES USE COU 19 \$ 7 THE VES COUNTY COUNT	PART 2) UNITY Om the DATE 1/31	that (In couses SIGNE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST HORACE	MIDDLE	IONES	20. DATE OF DEATH MONTH	20 37 5.19
0	3. SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS
		MALE	8.	MONTH DAY YEAR	67	RS DAYS HOURS
S ou C	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	UNITY OF DEATH
(i) +-	10. C	TY OR TOWN OF DEATH	13. NAME OF HOSPITAL NUR	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS
25		LIVERDALE	(IF NOT IN SUCH FACILITY, GIVE STR		(TYPE OF WORK FOR MOST OF WORK	
t be t	USU		DR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	4	CODE
m m		md.	USA RIVER	DALE YES NO X	5008 RAYER	NSMOOD Rd. 120
	14 F.A	THEP'S NAME	MIDDLE - IAS	15. MOTHER'S MAIDEN N	MIDDLE	Daniet 11
0 0	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	Ne -P	DRAYTON
Poges	('	VES NO OR UNKNOWN) (IF YES, G	VII 130-05	5-6821 Doroth 4 to	JoNes Wife	SAME AS 13E
carries corbon popularios contractos contrac		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECTION OF THE CAUSE (a) DUE TO, OR AS A CONSECTION OF THE CAUSE (c) DUE TO, OR AS A CONSECTION OF THE CAUSE (c)	MONIA, DUENCE OF TRACT INFECT		
hen to bu	Z	BUADRIPIDE		O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	N GIVEN IN PART 110
ows ony is	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IFYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
riol-trons entol Hyg Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		DAY YEAR 19 216. HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITE	M 18 PART) OR PART 2)
os the bu th ond M orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STAT
d for use t. of Heal n 21 is mu		sow the deceosed olive of obove, (1) (we) (did) (did)	pital) attended the deceased from	ond that in (my) (our) opinion	on death occurred on the date and	
detocher		226. SIGNATURE	~ floodens	DEGREE M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
ould be of the Story		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		

236 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

23a BURIAL

CREMATION, REMOVAL

(VRA 15, 4)

24 FUNERAL DIRECTOR

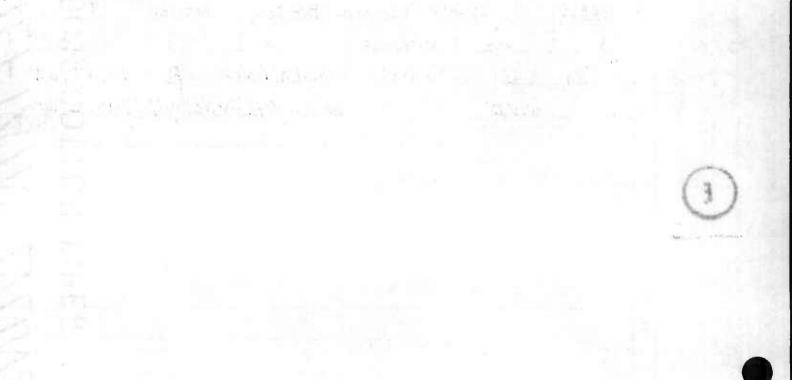
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236 DATE

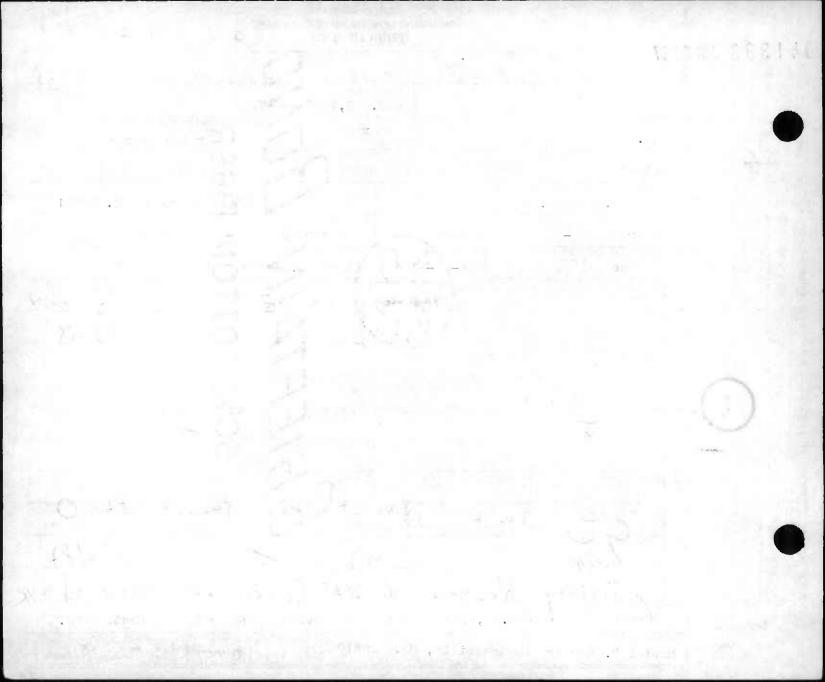
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JAN 29 1987 Julia Daniera Lander

23d LOCATION



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DUE TO, OR AS A CONSEQUENCE OF MUNICIPAL STATE OF THE TOTAL STATE OF T	5 97	10 CITY OR	TOWN OF DEA	TH /	11. NAME OF		SING HOME	OR OTHER INST	DATER 12	USUAL OCCU	JPATION	12b. KIND	
THE PART I DEATH CONDITION FOR WHICH OPERATION WAS PERFORMED THE PART I DEATH WAS CAUSED BY: THE SHORE COURSE BY: THE SHORE WAS CRUSHED	led in by	JUNE RES	DENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	13d INSIDE CITY L	LIMITS? 13				
THE DATE OF OPERATION OF ORDINATION FROM WHICH OPERATION WAS PERFORMED 18. ADDRESS 18. ADDRESS			SNAME			- LAST	J.DOING	15 MOTHER'S MA	AIDEN NAME		Duc.		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR	Page 10	Ita WAS D	CEASED EVER			166 SOCIAL SE		17. INFORMANT			DDRESS		<u> </u>
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (# EITHER NOTIFY MEDICALEXAMINER) P.M. 19 P	that the death certified by the attending please remove corbaniel; cremation, or remaranter traumatic eve	PART 19a D	e rise to imme to it, stating couse 2. OTHER SIGN	which nediote ig the lost.	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEC	QUENCE OF	NOT RELATED TO	THE TERMINA	AL DISEASE OR	20b. IF	YES, WERE FIND	INGS USED
WHILE NOTE WHILE WITH DESCRIPTION OF THE PHYSICIAN DIRECTOR PHYSICIAN	YSICIAN: The ling physicion, s certificate ouriol-tronsit	00.54	ITHER NOTIFY MEDI	CAUSE OF DEA	HOUR A.	M. MONTH M.		191	Y OCCURRED				но 🗍
BP	TTENDING PH pital or oftens TOR. After this for use as the the of Health and 21 is marked	220.1	certify th	hospi	tal) attended th	e deceosed from	1 2N	STREET , 1	opinion dea	. to	14	. 19 # 2	, tho (1) we) lost
BP Jan.17,1987 Germantown Baptist Germantown Mont. Md. STATE 24 FUNERAL DIRECTOR 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	U a a a a a a a a a a a a a a a a a a a	27h. 5 27d. P	JEF	m Frey	RINT) K	Lnon	MD	ATTER PHYS 22 DDRESS	Reu.	EHT R	TYSICIAN [1/1 Partylle	4/P+
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	to	C. e. C.	othe
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	ATT	ECT ed fo	m 2
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law against that the death certificate be executed within 24 hours offer dec retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Thempledge remove, carbompapers. Pages. I and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to busing, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic events the medicolar remarked on
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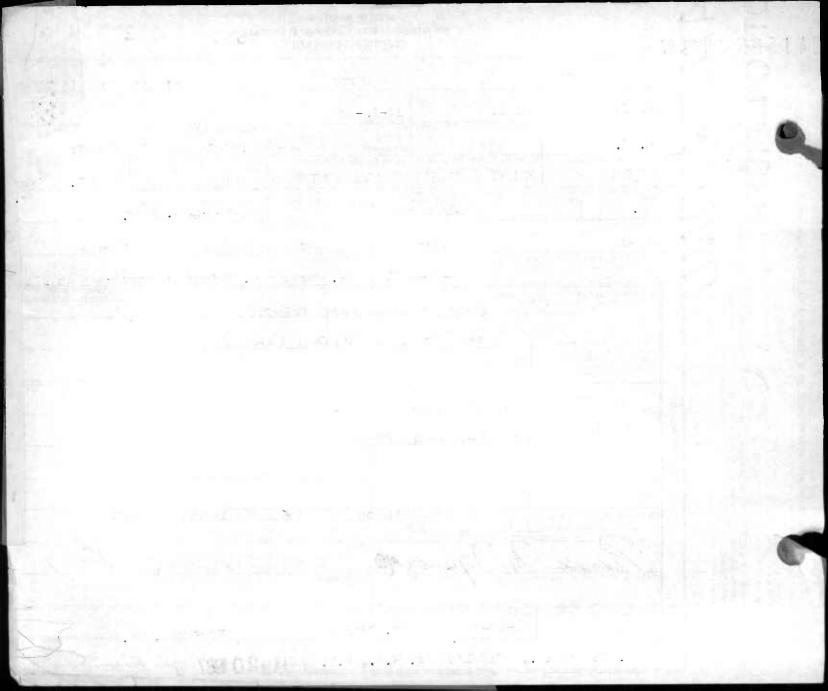
STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	SIENE 3	/ REG. N	0	2	3	Q	U
LAST	2a DATE O		MONTH	DAY	VEAD	106 11	OLID

-	FOR STATE 7 REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	0 /	0	2	3 ()	U
	I. DECEASED NAME FIRST	м	IODLE		AST	20 DATE OF DEATH	MONTH	DAY YE	AR 26.	HOUR
1	BETTY	М.			KEITT		01 1	15 87	7 1	6 20PM
	3. SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST		IF UNDER I	YEAR IF (UNDER 24 HRS
	/ Female	Black		12-1	8-33 YEAR	53	YRS.	MONTHS	DAYS HO	DURS MIN.
1	TO JIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEAT	Н	
0	N. C.	US	A	WIDOWE		PRINCE	GEORGE	I'S CC	UNTY	MD.
1	CHEVERLY	PRINCE	OSPITAL, NURSING GEORGE S	G HOME C	CAL CENTER	120 USUAL OCCUP. (1YPE OF WORK FOR MO: Nurse	ATION	126. KII INDUS	ND OF BU	Rhines
7	USUAL RESIDENCE IF NURSING HOME 130. STATE 13b. COU	NOTHER INSTITUTION O	Palmer	V	13d. INSIDE CITY LIMITS? YES X NO [13e STREET ADDRES			20;	785°
1	4. FATHER'S NAME	MIDOLE	LAST		15. MOTHER'S MAIDEN NAM	WE			LAST	
	/ Jessie		Massey		Minnie	Lee		Tho	mas	
	160 WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADI	DRESS			THE
	(yes, no or unknown) [IF yes, GI		579-50-9	631	Ms. Doretha	M. Keitt	/daugh	ter/s	ame a	as 13e
4	18 CAUSE OF DEATH (Enter o	nly ane cause per l	ine far (a), (b), and	(c).)		*****		BET	PROXIMATE WEEN ONSE	INTERVAL I AND DEATH
1	PART I. DEATH WAS CAUS	TE CAUSE (a)	'ARDIO-PU	umo	nary ARRE	ST				
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	(b) t	AS A CONSEQUE	ATTO	BREAST CA	WCER				
	PART 2 OTHER SIGNIFICANT OUR TERM		PULTED		NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN PAI	RT 1+a	
	190. DATE OF OPERATION 1 0 2 8- 210. ACCIDENT WAS UNDERLYING	196. CONDIT		OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FI	USES OF I	USED DEATH?
-	OR CONTRIBUTING _ CAUSE OF DE	216. TIME OF HOUR A.M P.M	INJURY I. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF II	NJURY IN ITEM 18	PART 1 OR PAR	RT 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME STREE	F INJURY ET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OF	TOWN	COUNT	TY	STATE
	220.1 certify that (1) (this hasp saw the deceased alive or abave (11 (4e) (did) (did n	1-15	198	70	nd that in (my) (aur) apinion (death occurred on the	date and ha	. 19 <u>27</u> iur and fran		(It (we) last les stated
	226. PHYSICIAN'S NAME (TYPE	OR PRINT)	Muno	3 Mil	DEGREE ATTENDING PHYSICIAN [MEDICAL S DIRECTOR PHY	TAFF SICIAN D	220. 0	PATE SIGN	87
	230 BURIAL, CREMATION, REMOVAL (SERGERY)	236 DATE 1-20-			EMETERY OR CREMATORY Lincoln	23d LOCATION CITY OR TOWN Brent		COUNTY		STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

John Rhines Co., 3015 12th St. N.E., D.C. 20017N20

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH CROGISTRAR DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) **JACQUES** KILLINGS 01-05-87 40 AM C. page 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 1949 MALE BLACK 15. JAN. 70. BIRTHPLACE ASTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE!S WASH. D.C. U.S.A. WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVERLY SERVICE REP. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 5800 20784 Md. P.G.C BLADENSBURG YES X NO [ANNAPOLIS RD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE WILLIAM LUCRETIA CLAYBOURNE KTLLINGS 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 68th pl. 4407 (IF YES, GIVE WAR OR DATES) 256-57-8660 HENRY P. ARMWOOD HYATTSVILLE Md. 20784 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 21a. ACCIDENT WAS UNDERLYING 21h, TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d IN JURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE STREET CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE hospital) attended the deceased fro opinion death occurred of the date and hour and from the DEGREE ATTENDING 1 MEDICAL STAFF DIRECTOR | PHYSICIAN PORTANT 230. BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d, LOCATION 23b. DATE CITY OF TOWN STATE 1-6-1987 CREMATORY CREMATION CHAMBERS RIVERDALE P.G.C. Md. 24 FUNERAL DIRECTOR

RIVERDALE. Md. 20737

DHMH - 16 60M 7/84 (VRA 15, 4)

W. W. CHAMBERS CO.

(Spot . . tuber) yes a Direction of John Street AND THE SEATTH ! 1.30 1 3.2 1 Mil something the was a standard to the

STATE OF MARYLAND 250 TAN 20 DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE KNOWN I TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR.

S FOR YOUR FILES.

ED WITHIN 72 HOURS

I W PRESTON STREET, NNA DEATH MATED 0 3 SEX 4. RACE DATE OF BIRTH AGE IN YEARS IF UNDER 2d HOUR IF UNDER 24 HRS. DATE Sport! MONTH DAY LAST BIRTHDAY) PRONOUNCED NECESSARY, 0 DEAD 25 0 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY! MARYLAND U.S.A. WIDOWED X DIVORCED AGES 2, AND 3 TO THE FURNING SOME PM 3. RETAIN PAGE 5
AND SHOULD BE FILED 1
AND SHOULD BE FILED 1 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! EMERSON ST. INSURANCE CO. RET - CLERK USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION 13a STATE 13d. INSIDE CUTY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE BURTON UNKNOWN MAE McCANN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRES 16b. SOCIAL SECURITY NO 1300 SPRINGTIDE, PL. (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES 214-18-8081 NO PATRICIA JOHNSON HERNDON, VA, 22070 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: PRESTON MIAUTE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate ORD "PENDING" IN FEMOLOGIE EXAME CHIEF MEDICAL EXAME E USED AS A BURIAL T OF HEALTH AND MENIA URIAL, CREMATION, OR cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19g. DATE OF OPERATION EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALIJMORE, MARYLAND, 21201 PRIQR TO BURIQI, 20 AUTOPSY? o Ne YES NO K 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 10 N CONTRIBUTING CAUSE OF DEATH P.M 19 11d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WOLLE STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinian Natural causes deoth resulted from: Suicide Hamicide Undetermined monner TITLE (SPECIFY EXAMINER'S NAME 181 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23r. NAME OF CEMETERY COUNTY 1-14-1987 BRENTWOOD P.G.C. BURLAL Md. LINCOLN 07/84 BP 25AA 24. FUNERAL DIRECTOR 256-REGISTRAR'S SIGNATURE **DHMH - 17** NAME CHAMBERS CO. RIVERDALE. Md. 2073 (VR A15 ME (5))

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1. should be filed in by the funeral director, page 3

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove, dirban papers. Pager with the State Dept. of Health and Mental Hygiene priar to burial, cremation, arremoval.

HOSPITAL OR ATTENDING PHYSICIAN: The low

or attending physician

etained by the hospital

(VRA 15, 4)

injury, or other troumatic event

IMPORTANT: If Hem 21 is marked or Item 18 shows any

may be

within 24 hours after death. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛫

	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	0 2	8 () 4
	DECLASED NAME FIRST	WIDDLE	U	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b HOUR
	Mariar	n Gloria	Knig	ght	Janua	ary 27.	1987	4:50P.M
3	I. SEX	RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UP		F UNDER 24 HRS
	Female	White	2/	2/1928 YEAR	58	YRS	HS DAYS H	HOURS MIN.
7	O BIRTHPLACE (STATE OF FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	B. AAA DDIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
2	Maryland	USA	WIDOWE		Prince Ge	orge's	Coun	tv MD.
V	CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING		R OTHER INSTITUTION	120 USUAL OCCUPATI	ON I	26 KIND OF E	BUSINESS OR
1	Beltsville /	Greater Laurel B		ville Hospital	HOUSEWI.	fe.	Dome	stic
	JSUAL RESIDENCE (IF NURSING HOME OR OTH 30. STATE H31 COUNTY	HER INSTITUTION CIVE RESIDENCE RECORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	710 CODS		
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_	4. FATHER'S NAME			15. MOTHER'S MAIDEN NAM	ME			20100
1	Charles	Cahsis		Adelaide	MIDDLE	Δ.	panov:	i ch
a	60 WAS DECEASED EVER IN U.S. ARME		RITY NO.	17 INFORMANT	ADDRE		JULII V.	1 011
1	(YES, NO OR UNKNOWN) (IF YES, GIVE W	219-22-5	5160	Joseph G.	Knight.	Sr. Sar	me as	#13
T	18 CAUSE OF DEATH (Enter only of PART), DEATH WAS CAUSED & IMMEDIATE (BY: CARA I		INTESTIN	, K	DING	APPROXIMA	SET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF	70 ZM	CIVE	R		
1	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN	NCE OF	ANEW	NA			
	PART 2. OTHER SIGNIFICANT COL	7/ ~	EATH BUT	. ^	INAL DISEASE OR CON	DITION GIVEN I	N PART 110	
1	NOTE OF OPERATION THE DATE OF OPERATION THE ACCIDENT WAS UNDERLYING.	196. CONDITION FOR WHICH O	OPERATION	N WAS PERFORMED	YES NO	JON IF YES, WE IN CERTIFYING YES	G CAUSES OF	S USED F DEATH? NO
//	and the same same and a second second	THE TIME OF INJURY HOUR A.M. MONTH DA'	Y YEAR	TIL HOW INJURY OCCURR	ED Toutes with the follow	IV POTENTE PART I	OFFMITT!	
1	AN ORCONTRIBUTING (CAUSE OF DEATH (F EITHER HOTEY MEDICAL EXAMINES)	21s. PLACE OF INJURY	- Table 1	211. LOCATION	EIN DE ID	whi	COUNTY	3/4/9

17s I certify that (I) (this hospital) attended the deceased from, saw the deceased alive on 2 2 above. (I) (we) (did) (did not) view the body after death 22h SIGNATURE

DEGREE

MEDICAL STAFF THE DATE SIGNED

that III (we) fast

22d. PHYSICIANIS NAME (TYPE OR PRINT)

22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

E

BP

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

230 BURIAL, CREMATION, REMOVAL (SPECIFY Cremation 23b. DATE 30/87

Process

23d. LOCATION CITY OR TOWN Ca

250. DATE REC'D.

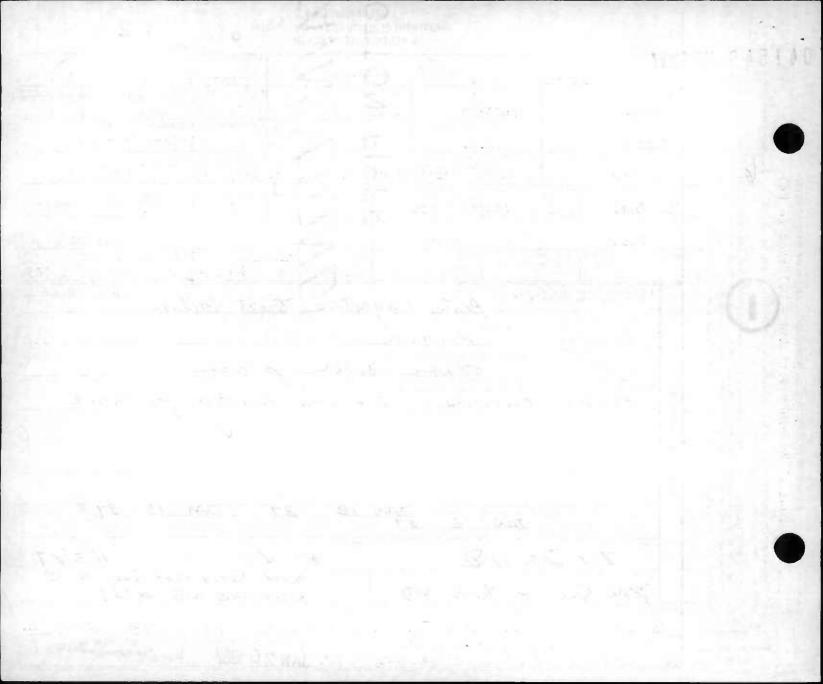
BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md. 21225

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		1.	STATE REGISTRAR			DEPAR		CATE OF D	MENTAL HYGI DEATH	IENE 8	REG. NO.	0	2 3	0 3
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deoth	10 J		reece		u.s	.A.	WIDOWE	4.7	VORCED		Pri	nce G	eorge's	S MD.
he fe		10 C	ITY OR TOWN OF	DEATH		HOSPITAL, NURS				120 USUAL O	CCUPATION	ORKING HEEL	126 KIND OF	BUSINESSOR
000			Lanham			-		Pr. Ge	eo. Co.	Homem			Homema	iker
24 hou	ad Pi	13a.	al residence (# STATE ryland	13b. COUN	ITY	131. CITY OR TO)WN	13d INSIDE C	ITY LIMITS?	13e.STREET A	ADDRESS / ZI Taylor	P CODE		20737
hin ely f	e sh		THER'S NAME	Troch	ce deon	ges rocce	runce		MAIDEN NAM		ragion	Ku.		20131
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xecu nd c	Poges		VAS DECEASED E		MED FORCES? E WAR OR DATES)	166. SOCIAL SE		17. INFORMA	いたいたい				gs Road	
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AN: ohysi	H A	1 '	210. ACCIDENT WA	CAUSE OF DEA			DAY YEAR	ZIC HOW IN	JURY OCCURR	ED (ENTERNA	TURE OF INJURY IN	ITEM 18 PART	OR PART 2)	
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Spito CTO	of to		sow the de obove, (I) (v	ceased alive on, ve) (did) (did no	OAN.	ofter death.	87.on	d that in (my)	(our) opinion o	death occurre	d on the date	ond hour o	nd from the c	ouses stated
OR ATTENDING e hospitol or off DIRECTOR: After	Ched Dept.	1	226. SIGNATURE		,	0	(DEGREE	TTEMBURG	h	CYAFF		220 DATE'S	IGNED
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HOSPITAL ined by th FUNERAL	d be St		22d. PHYSICIAN	S NAME (TYPE O		, ,		22e ADDRES	5 5500	5 Ken	cke ors	4R 92	ce #	105
o HO etoine FO FL	should be det with the Stote MPORTANT:		JEAR.	KWON	H. YE	N00	1D.			COALE	MD	207	137	
T e	vs & #		BURIAL, CREMATI	ON, REMOVAL	23b. DATE		c. NAME OF C			23d. LOCA	OR TOWN		COUNTY	STATE
BP			Burial			,1987 1		coln Ce	emetery	Bre	ntwood	Princ	ce Geor	rges Md.
DHMH - 16	5 60M 7/B4		UNERAL DIRECTO		is J. C	ollingons	Jr.				EGISTRAR 256	REGISTRA	R'S SIGNATI	RE
(VRA	15, 4)	150	0 Univer	situ Bl	ud. Wes.	t. Silve	er Spri	ng. Md.	. JIAN 2	1 0 198	9 3	en Milmore	Alexander College	- 1

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

-		FOR STATE REGISTRAR			DEPART		EALTH AND MENT		REG. NO	0 2	8 4) 0
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	4. FA	Robert	T. '	Längle	Y		15. MOTHER'S MAI Emity		Lucas		LAST	T
	160. W	(AS DECEASED EVER I		MED FORCES? WAR OR DATES)	166. SOCIAL SECT 219-48-	JRITY NO. -0228	17. INFORMANT Blanche	Haz	el Langl		neas ‡	#13
	~	18. CAUSE OF DEATH PART I. DEATH W/ Conditions, if ony, gove rise to imm cause (0), stoting underlying cause	AS CAUSE(IMMEDIAT which ediote	DUE TO, O	11 4 000	PLENCE OF ARC	LMONE		ARRE Lung	7.2	BETWEEN O	MATE INTERVAL INSET, AND GEATH
	CERTIFICATION	PART 2. OTHER SIGN PAGE 190. DATE OF OPERAT	75	DISEA	ISE	CAR	NOT RELATED TO T	4 0	F FIDA 200 AUTOPSY? YES NO		VERE FINDIN	IGS USED
	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC 21d INJURY OCCURRI WHILE NOT WHILE AT WORK AT WORK	AUSE OF DEA AL EXAMINER	P. 21e. PLACE	M. MONTH D M.	19	216 HOW INJURY 216 LOCATION STREET	OCCURRE	D {ENTER NATURE OF INJUI		(OUNTY	STATE
	y.	22a I certify that (I) (sow the decease obove, (I) (we) (di) 22b SIGNATURE	(this hospit d olive on, id) (did not	R Sa		МЛ	FACC ATTENPHYS 22e ADDRESS	IDING K	medical STAI PHYSIC	F IAN []	22c. DATE :	SIGNED
1		URIAL, CREMATION, F	REMOVAL	23b. DATE	236.	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION	own Ma	יב [עושים	nd STATE

Funeral Home, Inc., La Plata, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

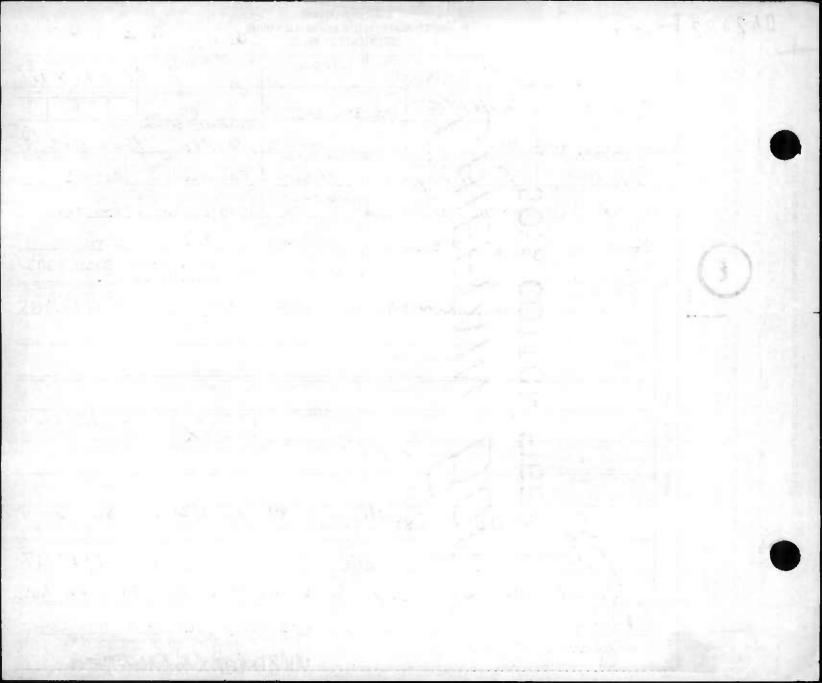
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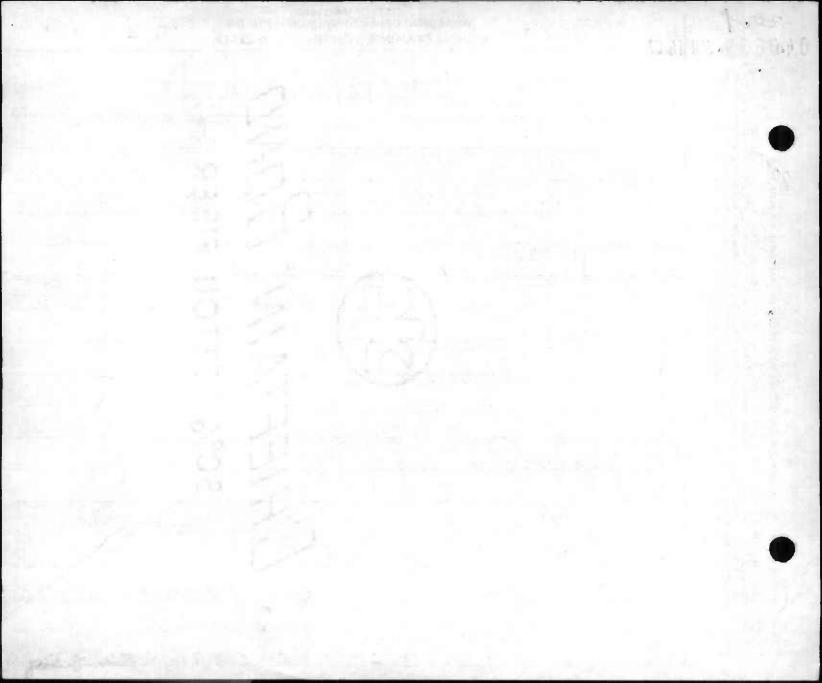
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. e.t	1. DE	CEASED NAMEEdna RST	Lee	DDIE		Larson	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
may be poge		EI	NA	LANSO.				121	-87	8 12 W
e 4 may be rtor, page 3 after death	3. SE	FEMOLE	1 RACE)	ITE	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BE	MOI	NIHS DAYS	HOURS MIN.
Poge Poge	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	Jan	19, 1922	9 BALTIMORE CITY	YRS.	EDEATH	
1 16 83		OUNTRY)	USA	THE COUNTRY	MARRIED	DI NEVER MARRIED DI DIVORCED [X	PALOCA	- 6	- 0	ES CO
1 11 00	10 C	rrydale Va	11. NAME OF H		IG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT			BUSINESS OR
1106	1	PLINTON	SO-	MAZU	LANG	HOSP	Salesla		Retai	1
1 1100	USU:	TATE 136 CC		IVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE C	207	46
		ryland Pr	George	Marlo	w Hts		3940 Bex	ley Pl	ace #	418
1 15/1/	A. FZ	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE	a 1	LAST	
	160	Ollie	ARMED FORCES?	Patto		Blanche	M	Sh Ess	reve	
(11)/			GIVE WAR OR DATES)	JOCIAL SECO	KII I NO.	Sharon Lan	ier 3225 Suit	Swann Land,	MD.	
1 111		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only ane cause per li	00.1		OF MIC	1 1116		4	ATE INTERVAL NSET AND DEATH
1 256			IATE CAUSE (a)	CAUC	En	OF INC	017		Muc	344 MG
the contract of the contract o		Conditions, if ony, which	DUE TO, OR	AS A CONSEQUE	ENCE OF					
by the masse remains other trun		gave rise to immediate couse (a), stating the underlying cause Jast.	DUE TO, OR	AS A CONSEOU	ENCE OF					
o leo		PART 2 OTHER SIGNIFICAN	(c)	NTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 11g	
equires n signe Then p r to bu injury,	NO O									
on. hos bee r permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	19b. COND(T	ION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING NG CAUSES C	
HYSICIAN: The riding physicion ins certificate buriol-transit p. Mentol Hygies or Item 18 short		210. ACCIDENT WAS UNDERLYING	- 110/10 4 41		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	IRY IN ITEM IB PART	OR PART 2]	
PHYSICIAN: ending physic this certificat the buriol-from the buriol-from of Memol Hy	MEDICAL	OR CONTRIBUTING CAUSE OF	NER) P.M	i.	19					
d b t e b	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F	FARM, ETC)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
ATTENDING spital or off CTOR: After d for use os f d for use is of Heolth n 21 is morke		22a.l certify that 🌽 (this ho	117.	deceased fram	<u> </u>	19 87	, ta	, 19		nat we) lost
ATTEN Sprtol CCTOR: d for us		saw the deceosed olive abave, (I) (we) (did) (did	not) view the body o	fter death.		d that in [(aur) apinion	death accurred an the a	ate and have a		
ALOR A the host of DIREC the Dept.		27k SIGNATURE		M		DEGREE ATTENDING	MEDICAL STA	FF	22c. DATE S	IGNED
		226. PHY CIAN'S NAME (TY	PE OR PRINT)	**(PHYSICIAN [DIRECTOR PHYSI	CIAN 🔣	1//	10/
TO HOSPITAL (etoined by the TTO FUNERAL (should be deto with the Stote (MPORTAN); if		PHILIP	WISETS		MD	6188 000	NHILL R	d-01	kon Hi	MM.
	1	URIAL, CREMATION, REMOV				METERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	Ma
BP		Cremation UNERAL DIRECTOR	24Jan		cedar	Hill Crema	tory Sui	tland	PG	
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME Robert	-	M ADDRESS					IN 3 SIGNATU	NE.
(400 13, 4)		Suitlan	d Md			1413	() 4007 4wh	Davidan	-Abnow	-



1	1-	FOR	, G-624, 1 0/87 ME	317 1	HEALTH	MARYLAND I AND MENTAL H CERTIFICATE O	ENEATH	0 2	8 0	8
5 9 JAN	DEC	EASED NAME FIRS		WIDDIE	- 1, 2	LAST	20 DATE KNO	REG. NO.	H OAY YEA	26 HOUR
3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS ILRECORDS, 201 W. PRESTON STREET,	(TYPI	GEOF	RGE	Albert		LAST	OF ES DEATH MA	1	3 198	
	3. SEX		5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER 1 YR. IF UNDER		MONTH	1 DAY YEA	
1	Ma	ale White	oct. 3,	1957 25 BIRTHO	RS.	HS DAYS HOURS	PRONOUNCED DEAD	1	3 198	7 10BA
2	7ª BII	RTHPLACE (STATE OR REIGN COUNTRY) LIO	7. CITIZEN OF W	HAT COUNTRY?	8. MARR WIDOV	IED NEVER MARRI	ED L		or DEATH	ty md
3	10. CT	riverdale	(IF NOT IN SUCH FA	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS) Memorial Ho		ER INSTITUTION	RESEATER	ON (TYPE OF WORL	t Unive	BUSINESS STRY SILY
1		LRESIDENCE (IF IN NURSING HO	OME OR OTHER INSTITUTION, G		ON)	13d. INSTRECTTY LIMITS? YES NO	157TU 39EK	Avenue	of Md. 20781	
İ)4. FA	THER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDE	N NAME MIDDLE		LAST	
1		George	S.	Last		Alice	MIDDLE		Wells	3
1	16a W	AS DECEASED EVER IN U.S.		166. SOCIAL SECURIT	Y NO.	17. INFORMANT	A	DDRESS		
1			eacetime	275-60-15	24	Elizabeth	Last (Wife) Same	as #13	
1		18 CAUSE OF DEATH (Enter PART I DEATH WAS CA	LICED BY		1				APPROXIM SETWEEN ON	ATE INTERVAL
		IMME	DIATE CAUSE (a) Ca	rdiac arri		mía durin	g routine	denta	l extr	actio
		Canditians, if any, w		AS A CONSEQUENCE	OF fo:	r impacted	molar			
		gave rise to immed	liate (b)							
		cause (a) stating the un lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
		PART 2 OTHER SIGNIFICANT CONDIT	(c)	BUT NOT BELATED TO THE TERM	INAI DICEAC	F OR CONDITION CIVEN IN BAS	27.1			
	N	The street stone team control	CONTRIBUTION TO GENT	SOL HOL RECRIED TO THE TERM	IIIAL UISEAS	L OR CONDITION DIVEN IN PAR	(1 t g)			
1	ATIC	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOPS	Y?
	TIFIC								YES &	NO [
5	CER	2To EXTERNAL CAUSE WAS		F INJURY A. MONTH DAY YEAR	21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF HUJURY II	TITEM 18 PART OR		
5	CAL	UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH P.M	۸. 19						
	MEDICAL CERTIFICATION	21d. INJURY OCCURRED WHILE NOT WHILE		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TOWN		COUNTY	STATE
	<	AT WORK AT WORK		,						
		22s. I certify that I tyck c	of the remains de	scribed abave, held an	Autop	sy X Inspection	n . Inquiry .	, and in my	apınıan	
		death resulted from	topigh coung 1	progent . Su	icide	, Hamicide .	Undetermined manne			
		· / 1/	16 // 1	In		TITLE (SPECIFY)				
		SIGNATURE	1. /	V''	N	Assistant	MEDICAL EXAMINE	R SIGI		87
7		EXAMINER'S NAME	harles D	Colon M D		111 D	onn Ct Da	to MT	21201	
1		(TYPE OR PRINT)	harles P. K			ADDRESS	enn St., Ba	LTO., MI	21201	
	730.BL	JRIAL, CREMATION, REMOV.		23c. NAME OF CE			23d LOCATION		YTHUC	STATE
	24 2 1	Burial	01/10/87 Sons Fune:			Lal Cemeter	y Olmstead REC'D. BY REGISTRAR 2	Falls b REGISTRAR'S		nio
	47	39 Baltimore	Avenue Hya	ttsville, M	0. 20		1 4 2 4002	1.0 -		
-						Following	3 3 3 5/ 1	galle de	HALL STATE	dent.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO.	2	3	Ü	3
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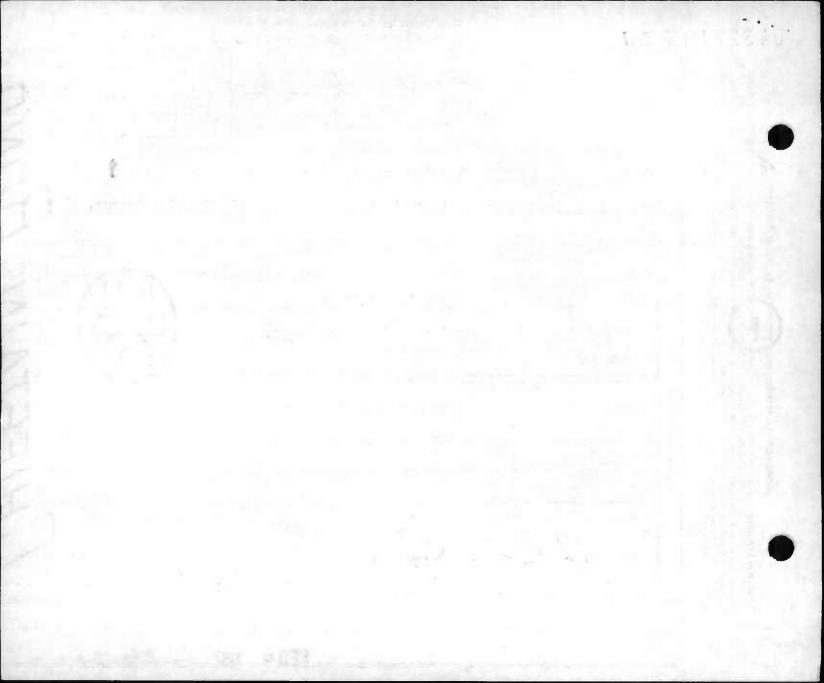
	PECEA TYPE OR	SED NAME	FIRST		WIDDLE		LAST		OF ESTI-	MONTH DA	YEAR	26 HOUR
			Chang		Sae		Lee		DEATH MATED (□ 1/28	1987	M
3 S	EX	4. RA		DATE OF BIRTH	YEAR LA	GE (IN YEARS IF UI		UNDER 24 HRS	2c. DATE PRONOUNCED	MONTH DA	Y YEAR	10:10
	Ma	le Ori	ental M	lay 13,	1906 8	O YRS.		,,,,,,,	DEAD	1/28	1,87	P. M
	FOREIG	PLACE (STATE OR N COUNTRY)	1		VHAT COUNTRY?			R MARRIED	9 BALTIMORE CITY	-		
10		rea OR TOWN OF DE	ATU	Kore	2a Ospital, nursini			DIVORCED 120 US	Montgome	ry Count	KIND OF BU	MD.
				(IF NOT IN SUCH !	FACILITY, GIVE STREET	ADDRESS)		FO	R MOST OF WORKING THE		OR INDUST	RY
		oma Park		8521 OTHER INSTITUTION, O	Glenview	AVENUE,			od Supplier	LAOTUIFO	oa in	austri
13a.	Mai	ryland	Mont	gomery	Takoma	Panh	13d INSIDE CITY	LIMITS? 13e ST	REET ADDRESS 21 Glenview	Avanua	#102	
14		R'S NAME			racoma	1 co cic		S MAIDEN NAM	\F	Avenue	, 1107	
	Se	ung		NO	Lee		Chu	ing	WIDDLE		Kim	
160.	WAS	DECEASED EVEL	IN U.S. ARME			SECURITY NO.	17 INFORMA	SUIL	4605ADAS			
	no				579-96	-2827	Chong	B. Lee	Rockville,	, Maryla	ind 2	0853
	18.	CAUSE OF DEA	TH (Enter only	N.	ne far (a), (b), and				-/1	В	APPROXIMATE	
	1	TAME DEATH	IMMEDIATE	CAUSE (a) M	<u>etastati</u>		oma					57
L	П	C Prince (LT.A.		R AS A CONSEQ							
		Canditians, if gave rise to		(b) C	arcinoma	of the	esophag	gus.				
		lying couse last		DUE TO, O	R AS A CONSEO	UENCE OF				11		
				(c)								
2		RT 2 OTHER SIGNIFICA	NT CONDITIONS CO		H RUT NOT RELATED TO	THE TERMINAL DISEA	E OR CONDITION G	IVEN IN PART 1 (a).				
9	19	. DATE OF OPER	ATION		one	'H OPERATION V	AS PERFORME	ED?		20	AUTOPSY	2
CERTIFICATION		None		170 CO.10			, AO TENTONINE			20	YES	NO [X]
) E	21	. EXTERNAL CAL	ISE WAS	21b. TIME C		21c H	OW INJURY O	CCURRED LENTE	R NATURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2)	152	NO IA
		DERLYING DINTRIBUTING			M. MONTH DAY	YEAR		None				
MEDICAL	210	INJURY OCCUP	RÉD	21e PLACE	OF INJURY (AT	HOME. 21f LC	CATION	HOHE				
×		WORK AT	WHILE -	STREET, FA	CTORY, FARM, ETC.)		STREET		CITY OR TOWN	COUNTY		STATE
		77a I contify that	Ltook charae	of the remains di	escribed abave, h	eld an Autar	NEW D	nspection X.	Inquiry , a	ind in my apiniar		
		eath resulted frai	_	causes X,	Accident -		. Hamicidi		etermined manner			
		edili resoned irai	1	50	1	Joicide	TITLE (SPE		elerinineo indinier	'		
		TUAL C	Starts	1.	103	ere,	Depu		DICAL EXAMINER	DATE	1/29/	187
		//			0		19	919 Semi	inary Road			
	(T)	PE OR PRINT	Joh	n S. Ro	gers, M.	D.	ADDRESS S	ilver Sp	oring, Mont	gomery (County	/, MD
230	BURI.	AL, CREMATION,				OF CEMETERY C			OCATION TY OR TOWN	COUNTY	ST	TATE
2.5		rial			987 Park		etery	Ro	ckville Mor	rtgomery	Mary	land
24.	FUNE	RAL DIRECTOR	Franci	s J. Ga	blins, J.	r.	120	DATE REC'D. E	BY REGISTRAR 256 REG	JISTRAK'S SIGN.	AIURE	

500 University Blvd. West, Silver Spring. Md.

07/84

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

DHMH - 17 (VR A15 ME (5))



FOR

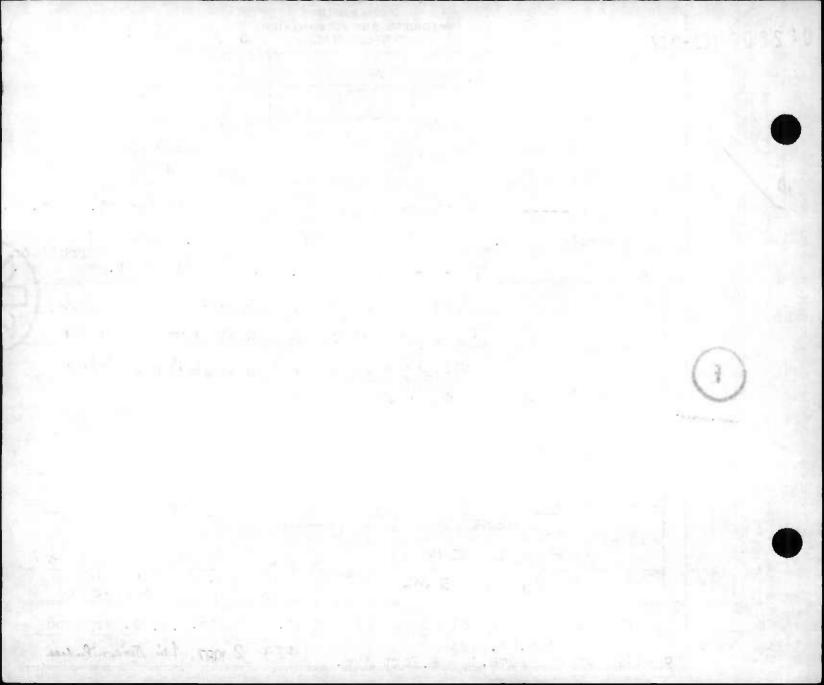
STATE

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE 20 DATE OF DEATH MONTH 25 HOUR 1987 31 Jan wary & AGE LIN YEARS LAST BIRTHDAYS IE LINDAR 2 + MRI BALTIMORE CITY OR COUNTY OF DEATH Georges Com Ty 126 KIND OF BUSINESS OR INDUSTRY Homemaker 21230 13e STREET ADDRESS / ZIP CODE 21290 1511 Covington St. Balto.Md M. Outten ADDRESS carrollton Peggy S.Lee,8320 Oliver St.New 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS NO P CITY OF TOWN COUNTY and that in my tour apinian death occurred on the date and have and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 20410 Ma Soring 2/3/1987 Balto. A. A. Co. Maryland Cedar Hill Cemt. 250. DATE RECID. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
FFB 2 1987 Julia Dicordon Randone Balto.Md.2123Quess Funeral Home. 130 E Fort Ave



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IMPORTANT: If Item 21 is morked or Item

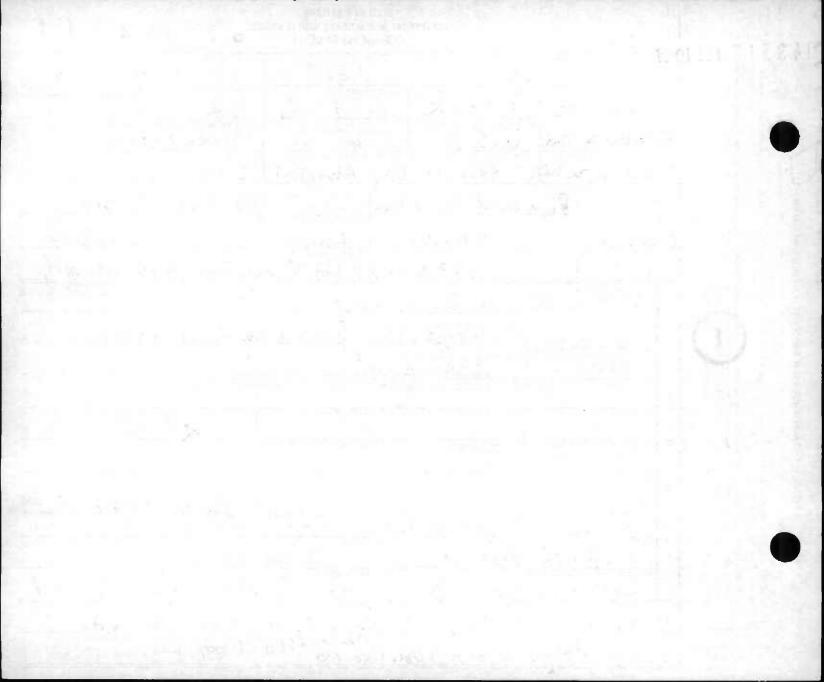
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0.3	FOR STATE REGISTRAR			DEPARTMENT	TATE OF MARYLA OF HEALTH AND M TIFICATE OF D	ENTAL HYGI	0 /	0	2 8	rise and a second
1. QE/	CEASED NAME ORPRINT)	nel	MIDDLE		Lee		20. DATE OF DEAT		DAY YEAR 31 - 87	26. HOUR M
3. SE	Fema	le	Blac	K "	TE OF BIRTH	94	6. AGE IN YEARS LAS	YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN,
Sa	enthplace istate or	md.	L. CITIZEN OF WHAT CO	MA WID		ARRIED 🗔	BALTIMORE CIT	-	orges	MD.
10. CI	atom?	e lakt	II. NAME OF HOSPITA	TTH DA	my Adve.	ATIST	120. USUAL OCCUP ITYPE OF WORK FOR MC	ST OF WORKING	LIFE) INDUSTRY	e work
130.	TATE	13 COUN.		COM A PA	PK 13d. INSIDE CIT	NO [13e STREET ADDRE	SS/ZIPCOI	DE20912	
G	CONGE		Cli/	PPER	Lu	CU	MIDDI		JAY25	0~
	VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES) 16b. SON	7-26-42	52 GI LIA	~	on 7520	MAP	le Ave,	md,
	PART 1. DEATH V	VAS CAUSED IMMEDIATE		are and	H Va -	Arre	About	Биони	BETWEEN	MATE INTERVAL INSET AND DEATH
	Canditions, if any gave rise to im cause (a), stati underlying cause	mediate ng the e last.	DUE TO, DAS A CONTRIBU	USECOBENCE C	teulia:	TO THE TERMIN	NAL DISEASE OR C	T		
CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDITION FO	PR WHICH OPERA	ATION WAS PERFOR	MED	20a AUTOPSY?	IN CERT	ES, WERE FINDIN TIFYING CAUSES YES [IGS USED OF DEATH? NO
MEDICAL CEI	21g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTO	NTH DAY YE	19 211 LOCATIO		ED (ENTER NATURE OF	INJURY IN ITEM 18	COUNTY	STATE
	AT WORK AT WO	(this hospite	ol) attended the decease	19 47	, and that in (my) (, 19 <u>.86</u> aus) opinian de	eath accurred an th	e date and ha	,	
	22d. PHYSICIAN'S N	AME TYPE OR	PRINT)	AT	TENDING Y	MEDICAL S DIRECTOR PHY	STAFF YSICIAN [M. DATE.	SIGNED
23a B	SMITI BURIAL, CREMATION	4 S	. HO, M	D 22 NAME	7610 OF CEMETERY OR CI	Car	VOL AVE	14thon	mo PX.	ud
3	UV A UNERAL DIRECTOR	MEMOVAL	2-5-87	7 ARIN	gton MA	Tional	MIT RIP	1910r	VA.	STATE
(Comet-1	table	3 4901 m	ADDRESS/horo	Piko Md	FEB	9 1987	galia .	Disider . Ra	nclaese

DHMH - 16 60M 7/84

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(VRA 15, 4)



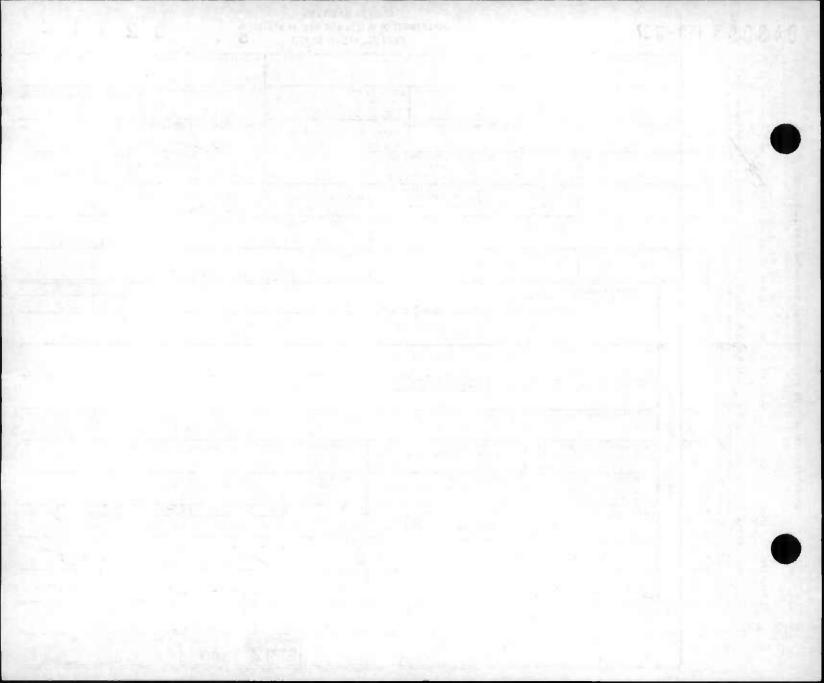
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

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2030 10	1 .	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	IO.			
		CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR A	
Poge 4 may be director, page 3 hours ofter death	,	Grace	Le			wis	January 31, 198		7	5:30 M	
death. Page 4 may	3. SE.	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BE		IF UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.	
ge 4 ector rrs of		Female	Wh:	ite		14, 1902	84	YRS.	DATS	Min.	
Pod Pod		RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH		
eoth.		Russia	United	United States WIDOWED DIVORCED				orge's	County	County MD.	
EN 23 E)	10. ⊂	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND O	F BUSINESS OR	
272		Hyattsville /	Carro	ll Manor	Nursi	ng Home	Housewife			Own home	
within 24 hours letely filled in a 2 should be in a constant of the constant o	13a. S	STATE 13b OU	ROTHER INSTITUTION NTY Lgomery	n, give residence before admission) 13c. CITY OR TOWN Silver Spring		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 1205 Oakview Dri			20903	
athir stely sh	N. FA	ATHER'S NAME	WIDOFE	LAST		15. MOTHER'S MAIDEN NA			LAS		
pa la	V	Alex	MIDOLL	Pollack		Sophie	MIDDLE		Milst		
ond compoge and edicularity					RITY NO.	17. INFORMANT ADDRESS			111100011		
	and the	No No	VE WAR OR GATES)	087-18-1	545	Surelle Gett	man, Same as 13				
requires that the death certificate be signed by the otending physicion. Then please remove carbonoppers. Parto buriol, cremation, or removal.		18 CAUSE OF DEATH (Enter o	nly one couse per	r line for (o), (b), one	d (c).)				APPROXI BETWEEN	IMÀTE INTERVAL ONSET AND DEATH	
phy npo emov emov		PART I. DEATH WAS CAUSI IMMEDIA	g	YO							
ding or re											
deot tron,		Conditions, if ony, which									
of by the ottending ledge remove corbiol, cremption, or corporation, or corpor		gove rise to immediate couse (a), stating the									
thot of E		underlying couse lost									
signed Then pl to buri	7	PART 2 OTHER SIGNIFICANT	EN IN PART 10	0							
requestration or to	ē	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YE							LATER STATE		
he low ion.	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?	
OR ATTENDING PHYSICIAN: The hospitol or ottending physician DIRECTOR. After this certificate has been for use as the buriol-tronsit p Dept. of Health and Mental Hygien if them 21 is marked or Item 18 show		210. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM IB P	ART (OR PART 2)		
HYSICIA nding plans certification buriol-t	N N	OR CONTRIBUTING CAUSE OF DE	A111	.M.	19						
phys sndin d we d or l	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM FTC 1	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE	
or offer the ost the olth one morked	2	AT WORK NOT WHILE						1			
NDIR I or I or		22a.1 certify that (1) this hasp	. 1	A 150	71	0/3 19 06	, to/	\mathcal{B}		that (1) (we) last	
Spito CTO CTO for of h		sow the deceased alive of obove, (1)(we) (did) (did no	ot) view the body	after death.	, 01	nd that in (my) (our) opinion	deoth occurred on the o	lote and hour	ond from the	couses stoted	
he hosp boched to Dept.		22h. SIGNATURE	1			DEGREE COV	uring		22c. DATE	SIGNED	
		(por N-	fa		~	ATTENDING PHYSICIAN	MEDICAL STA	CIAN	1/3	1/8/	
HOSPITAL ned by the FUNERAL ned to the net the	1	224 PHYSICIAN'S NAME (TYPE	1 .	(. ,		22e. ADDRESS		2 1 .	1	1 00 1	
O HOSPITAL etoined by th TO FUNERAL indicate det		Don H. Ya	grold	with		10300 Gr	center +	-d, J	600160	ik, ma	
Le Frank	23a	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
BP		Burial	2-2-8	7 Mt	. Heb	ron Cemetery	Flushing		w York		
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR I.	J. Morri	s, Ingass		25a. DAT	E REC'D. BY REGISTRAL	25h REGIST	RAR'S SIGNAT	URE	
(VRA 15, 4)	46	Greenwich Stre			NY 1	1550 FEE	4 1987	11 0	The state of the s		



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	IENE 8	REG. I	0	2	8	The same	3
LAST	2a DATE	OF DEATH	MONTH	DAY	YEAR	2b. H	OUR
1 . 1					2 1100		

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT) 06 81 64 5 DATE OF BIRTH 3 SEX 4 RACE MONTH YEAR DAY 85 aucasia. ol BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED Prince ersev WIDOWED DIVORCED 2000 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 17b. WIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret-Saleslady Laurel Greater Laurel Nursing Home Retail USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13l. CITY OR TOWN 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland P.G. Hvattsville 3908 20784 53Rd.Pl.#201 YES X NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Jacob Andrews E. Schofev Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Same as No .64-01-6655A Mr. Thomas S. Little APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDIC AL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from sow the deceased alive on 12/27 obove, (1) (we) (did) (did not) view the body after death. 19 8 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PI DIRECTOR | PHYSICIAN PHYSICIAN 22e. ADDRESS ORT 14201 #221 LAUROR MO ZUZUT LUIS A 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN Cremation CHAMBERS CREMATORY P.G.C. RIVERDALE Md. 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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W. W. CHAMBERS CO.

RIVERDALE, Md. 20737

REGISTRAR 256 REGISTRAR'S SIGNATURE

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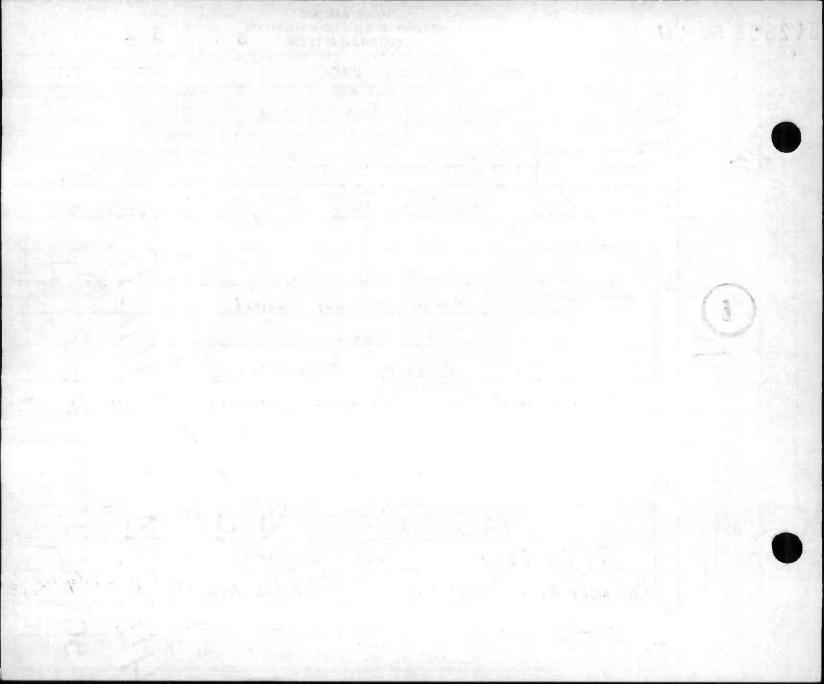
36 FEB -4	87	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH	GIENE / REG. NO.	2 3	-4
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ector. po	3. SE Ma	x ale	Caucasia	ın	5. DATE OF MONTH Septe	BIRTH Mber 30, 190	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	R IF UNDER 24 HRS HOURS MIN.
merol dir		RTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	U.S.A.	HAT COUNTRY?	8	X NEVER MARRIED	9. BALTIMORE CITY OR CO PRINCE GEORG	UNTY OF DEATH	MD
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Poges		YES, NO OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	579-09-90	26	^{7. INFORMANT} (Step Donald L. By	-Son) 5101 1 1 rd College I		
igned by the anthol Then please retirent to into buriot, cremental injury, or other transmont	ION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN: Chrome	DUE TO, OR A	AS A CONSEQUER	boten nce of any Eath but n	atheroccler OT RELATED TO THE TERM	OSTE INAL DISEASE OR CONDITION CASCE, STCK		Hockson
s certificate has bee buriol-transit permit. Mental Hygiene prio or frem 18 shows any	AL CERTIFICATION	190. DATE OF OPERATION 12/8/7 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTH'S MEDICAL EXAMIN	St ck 21b. TIME OF I HOUR A.M.	Smul Sy	ndren	WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FIND CERTIFYING CAUSE YES EM 18. PART 1 OR PART 2)	
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At DIRECTOR: Af detoched for use of Dept. of Health		27a. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did) (27b. SIGNATURE	1/25	19	3 7 ond	GREE	, to	22c. DATI	, that (I) (we) lost e couses stated E SIGNED
TO FUNERAL should be dei		22d. PHYSICIAN'S NAME (TYPE RAVINDER K	. RUSTA			6132 L	udarer Ra		ly Md 20185
SP	730 E	SURIAL, CREMATION, REMOVA SPECIFY) Burial	01/29/8			METERY OR CREMATORY	y Brentwood	P.G. I	Maryland

FEB 3 1987

DHMH - 16 50M 1/81 (VRA 15, 4)

01/29/87

"Frank 18 Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781



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oy be	1	R.F.KIIVI J	Marg	aret	L.	Long			J	anuary 1	19, 1987	9.20 M
her d	3 SEX			4. RACE		5. DATE C	DAY	YEAR	& AGE (IN YEARS)	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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V		FRANK	133		ALKER		C3	LARA			STUDIEDE	
page 69/		AS DECEASED EVER S. NO OR UNKNOWN)		MED FORCES? VE WAR OR DATES)	Action 1	SECURITY NO.	17 INFORM			ADDRESS		
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L is \$ ₹	23a. BL	PECIFY)	REMOVAL	236 DATE		23c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO		COUNTY	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

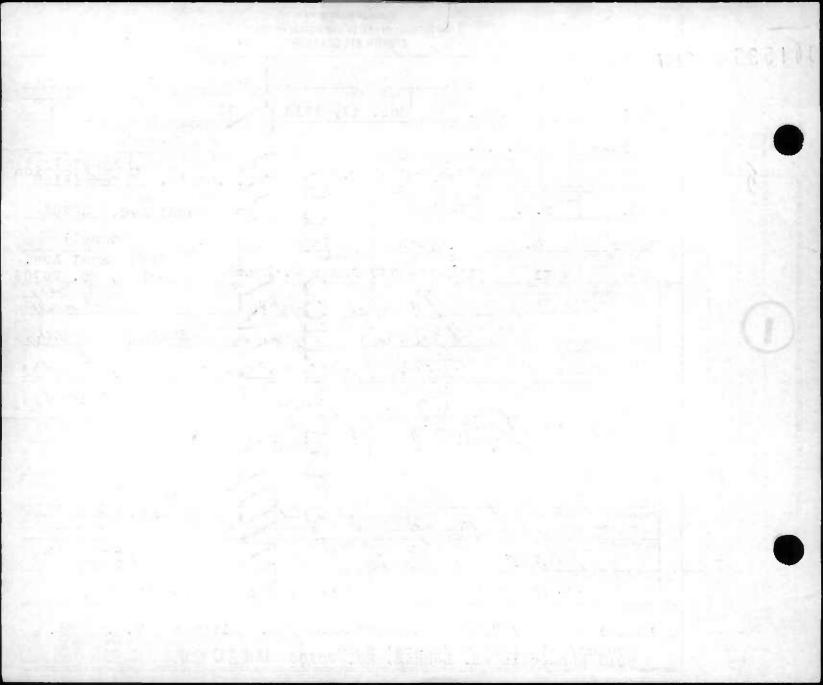
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	THPLACE (STATE OR CLINE) Caroli		76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED -	9 BALTIMORE CITY OF PRINCE	PR COUNTY OF D GEORGE		MD
	Y OR TOWN OF DE	ATH		HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF CHEMIST	OF WORKING LIFE)	b. KIND OF DUSTRY XY gen	BUSINESS OR Compar
Mar	residence (if Nur.	13b COUL	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOW Hyattsvi	11e	13d. INSIDE CITY LIMITS?		Avenue	20781	
I4 FAT	HER'S NAME Larkin		MIDDLE.	Luthe	r	15 MOTHER'S MAIDEN NAM	a MIOOLE		Myers	3
	as deceased ever S-Marines		MED FORCES? CETIME	166 SOCIAL SECU 217-14-7	,	Gladys N. Lu	ADDRI ther (Wife)		#13	
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	SEE SEE	10. C	TY OR TOWN	OF DEATH	11. N	NAME OF HO	SPITAL, NU	RSING HOM	E, OR OTH	ER INSTITUTION	12e. USU	AL OCCUP	ATION (TYPE	OF WORK	12b KI	ND OF BU	SINESS
	DECATS NECESSARY, PLEASE OF THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. POB FILED, WITHIN 72 HOURS. ROS. 201 W. PRESTON STREET.		iverda]		5	409 Qu	uesada	Rd.			Hou	ost of wor	e		Owr	Home	9
201	2. AND 3 TO 1 3. RETAIN PA 2 SHOULD BE F ALRECORDS.	13a. S	TATE	(1F IN NURSING HI	OME OR OTHE	R INSTITUTION, O	13c. CITY	OR TOWN	ION)	134 INSIDE CITY LIMITS?							
TIMORE, MD. 21201	A S S S S S S S S S S S S S S S S S S S	$\overline{}$	ryland		nce (George	s Riv	ortown erdale		YES NO		9 Que	sada R	oad	#2	2073	7
W.	STAN 32	1	ATHER'S NAM		MIDE	DLE		LAST		15. MOTHER'S MAID		M	IDDLE			LAST	
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	MAR. WAR		ACTUAL	11	11	P	Lah	~		TITLE (SPECIFY)	e de			DATE		1-4-8	7
	SHOW THE SHO		SIGNATURE		Nu	- 2-1	7010			Assistar	MED!	CALEEAM	INER	SIGN	ED	1-4-0	1
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		EXAMINER'S	NAME CH	narle	s P. K	økes,	M.D.		ADDRESS 111 I	Penn S	St., 1	Balto.	, MI	21:	201	
	PAFT BALL BALL	23e.B	URIAL CREMA	TION, REMOV	AL 23b DA	ATE	23c. l	NAME OF CE	METERY C	OR CREMATORY	23d. LO	CATION					
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	tor, po	3. SI	EX		4. RACE		5. DATE (6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	DAYS	HOURS MIN.
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103	683		city or town of dea anham	TH				Pr. Geo. Co.	120 USUAL OCCU (TYPE OF WORK FOR M U.S.GO	OST OF WORKING	COL		ication
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RYL	withii Value	14. F	ATHER'S NAME		MODIA	(451		15. MOTHER'S MAIDEN NA	ME M.∗				11
W	p a s		Peter		J.	Lyne	-	Ellen				onne	
IMORE	n and c		WAS DECEASED EVER (YES, NO OR VANDOWN) Yes		MED FORCES? E WAR GRIDATES!	500-18-	W 255.30	Janet W. I			-	Nava . Md	1 Ave.
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VISION	G PHYS offending er this co	MEDICAL	214 INJURY OCCURS	# FT	THE PLACE (A) HOME ST	OF INJURY RET, FACTORY, OFFICE, F	NRM, ETC.)	TH LOCATION	cits	HWO140	100	DUHTT	STATE
٥	TTENDIN pital or TOR: Afr far use o of Health		220. I certify that (1) saw the decease above, (1) (we) (c		1//	1	19	nd that in (my) (see opinion	2_, todeath occurred on t	700	19 C	-	that (1) (we) l ast couses stated
•	At OR A the hos At DIREC detached ate Dept. If If Item		22b. SIGNATURE	The	omas	01/1	a Con	DEGREEN LATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	/	TATE OF THE PARTY	JIGNED 7
	TO HOSPITAL OF TO FUNERAL IT OF Should be detained with the State IMPORTANT: If			G. 1	Maloney,			4814 71st A		at s svi	111e,	Md.	
	F 5 F 2 2 ₹ 1	230	BURIAL, CREMATION,	REMOVAL		A 1995	AME OF	EMETERY OR CREMATORY	23d. LOCATION	/N	COU	NTY	STATE
	BP		Burial		1/17/	/87 R	esur	rection Cem			P.G		Md.
r	DHMH - 16 60M 7/84 (VRA 15, 4)	24	NAR endor 901.3 A	Mal nnap	e Lanh	nam Fune	ral am,	TIOMA	JAN 20 \$	RAR 256. REG	ISTRAR'S	SIGNATI	JRE



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE,
CERTIFICATE OF DEATH

7 0232

0	87	REGISTRAR		CERTIF	ICATE OF DEATH	S / REG. NO.	C)		
		CEASED NAME FIRST	MIDDLE	Ł.	AST	20. DATE OF DEATH	ONTH	DAY YEAR	2b HOUR
1	(1111	BLANCHE	ARLENE	MAG	CABOY	J	AN	03 1987	2:24A _M
Ī	3. SE)	X 4.	RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER TYEAR	IF UNDER 24 HRS
Ì		Female	White	Aug		60	YRS		HOURS MIN.
	7a. Bl	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUN	TY OF DEATH	
4		Maine	U.S.A.	WIDOWE		Prince	Geo	orges	MD.
4	10. CI	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSIN	G HOME C		120. USUAL OCCUPATIO	Ν	12b. KIND O	F BUSINESS OR
d	Car	mp Spring / Ma	alcolm Grow U		Med. Ctr.	Tax Cons.			ct.
	USUA	AL RESIDENCE (IF NURSING HOME OR OT ATE 136 COUNT)	MED INTERTATION COME DESIDENCE BEFORE	ADMISSION)					
	130. 3		Mary's Leonar			13e.STREET ADDRESS / . Star Rt.			20650
	14. FA	THER'S NAME		acow	15. MOTHER'S MAIDEN NAM		DO2	12 /	20030
7)	Kenneth "	F. Reynold	s	FIRST Ph	illis MIDDLE M	1.	Webb	
H	160 V	VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SECUI	RITYNO	17 INFORMANT	ADDRES	S		
)			Q28-16-8			Macabox		same a	s 13e
1						масароу			
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), (b), ond BY:	ich G				BETWEEN	MATE INTERVAL DNSET AND DEATH
ŀ		IMMEDIATE		20	acrest				
١			DUE TO, OR AS A CONSEQUE		IS				
1		Conditions, if ony, which gove rise to immediate	(b) Seps						
1		couse (a), stofing the underlying couse lost.	DUE TO, OR AS A CONSEQUE			LUNG			
ı					unoma.	lung			
1	z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDI	TION G	EIVEN IN PART TIE	
4	CERTIFICATION								
)	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED			ES, WERE FINDIN TIFYING CAUSES	
	RTIF					YES NO		YES 🗌	NO 🗌
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	116. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18	8 PART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
1	ED	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION				
				DAN ETC 1	STREET	CITY OR TOWN	ч	COUNTY	STATE
- 1	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC)		CITY OR TOWN	4	COUNTY	STATE
	¥	120 certify that H (this hospital) ottended the deceosed from_	28	STREET OCT 19 8-4	, to 3 Jan	_	. 19 8 7.	hot (I) (we lost
	W	120 certify that Hi this hospital) ottended the deceosed from_	28	STREET OCT 19 8-4	, to 3 Jan	_	. 19 8 7.	hot (I) (we lost
	W) ottended the deceosed from_	28 37. on	STREET	, to 3 Jan	_	. 19 8 7.	hot (I) (we) lost couses stated
	W	certify that (this haspital sow the deceased alive on above, (1) (we) (did) (did not)) ottended the deceosed from_	28 37. on	STREET 19 5 4 nd that in (my) (aux) opinion d DEGREE ATTENDING	epth occurred on the dote	e ond ho	our and from the	hot (I) (we) lost couses stoted
	W	22a) certify that the (this hospital sow the deceased alive on obove, (I) (we) (did) (did not) 22b) SIGNATURE	ottended the deceosed from	28 37. on	STREET 19 5 4 nd that in (my) (aux) opinion d DEGREE ATTENDING	2, to 3 Jaw eath accurred on the date	e ond ho	our and from the	hot (I) (we) lost couses stated
		22a) certify that the (this hospital sow the deceased alive on above, (I) (we) (did) (did not) 22b SIGNATURE 22d. PHYSICIAN'S NAME, (TYPE ORP 100) 1. IKM, Capital Ca	ottended the deceosed from 19 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	28 37. on	od that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 222e. ADDRESS	MEDICAL STAFF	e ond he	22c. DATE	that (I) (we lost couses stated
		22a) certify that the (this hospital sow the deceased alive on above, (I) (we) (did) (did not) 22b SIGNATURE 22d. PHYSICIAN'S NAME, (TYPE ORP 100) 1. IKM, Capital Ca	ottended the deceosed from 19 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	28 37.00	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS MALCOLM GROW	enth accurred on the dote MEDICAL STAFF DIRECTOR PHYSICIA USAF MED CT	e ond he	22c. DATE	that (I) (we lost couses stated
		22a. certify that the this hospital sow the deceased alive on obove, (I) (we) (did) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1796 OR P 1.00 J. HEW, C.ST., 531-82-9638 AFSC URIAL, CREMATION, REMOVAL SPECIFY)	ottended the deceosed from 19 2 2 23c. N	2 % OF C	od that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 222e. ADDRESS	medical staff director Physicial Physicial Staff MED CT 238. LOCATION CITY OF TOWN	an A	19 8 7 19 19 19 19 19 19 19 19 19 19 19 19 19	that (I) (metlost couses stated SIGNED (March 87)
L	23a B	22a) certify that the (this hospital sow the deceased alive on above, (I) (we) (did) (did not) 22b SIGNATURE 22d. PHYSICIAN'S NAME, (TYPE ORP 100) 1. IKM, Capital Ca	ottended the deceosed from 19 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 % OF C	DEGREE ATTENDING PHYSICIAN THE ADDRESS MALCOLM GROW EMETERY OF CREMATORY OTGE CATHOLIC	eoth occurred on the dots MEDICAL STAFF DIRECTOR PHYSICIA USAF MED CT 1236 LOCATION	e ond he	19 8 7 19 19 19 19 19 19 19 19 19 19 19 19 19	hot (I) (we flost couses stoted SIGNED (W. 87) FB MD STATE TY'S . Md

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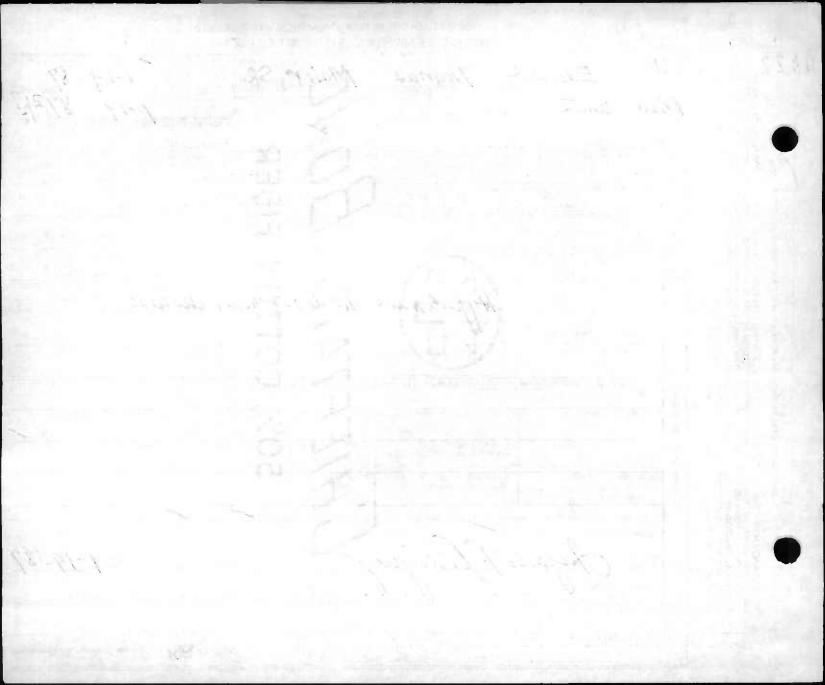
PLEASE LIBIRECTOR. CON FILES. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE WITH 724 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL PLANTS. TO FUNEARL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUT THE STATE DEPARTMENT OF THE METH AND MENTAL HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, SACTIMORE, MARYTAND, 21201 PRIOR TO SERVATION. OR PENOVAL.

07/84 25M

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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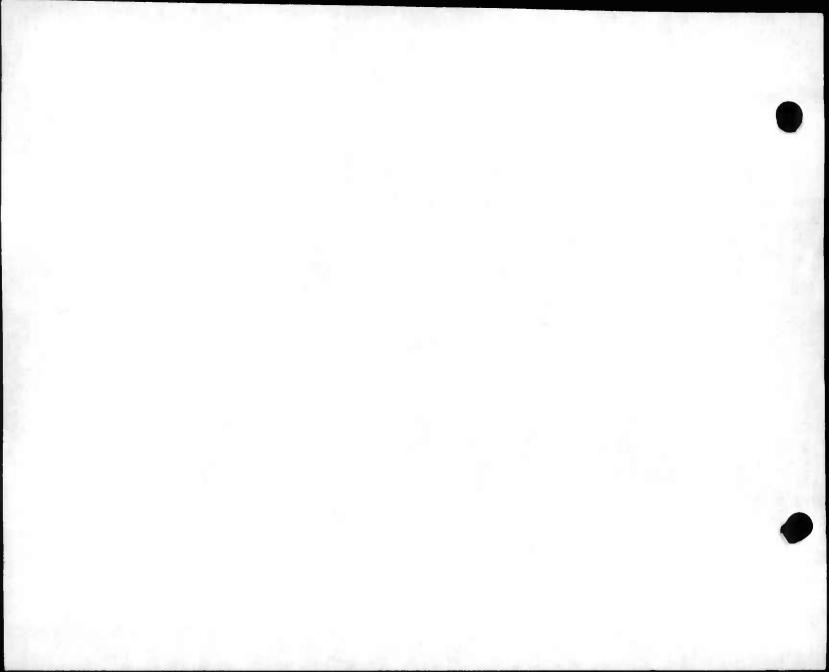
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	PR PRINT)		rord	7.	hom	as	/	Maie	r.	SR.	OF DEATH A	ESTI-	1-	19	19 8
3. SEX	Tell 1	White	S. DATE O	30, I	13	AGE (IN YEA LAST BIRTHDA 73 YR	(Y) MONTH	DER 1 YR.	HOURS	MIN. P	C DATE RONOUNC DEAD		MONTH	9	198
FO	RTHPLACE (ST. REIGN COUNTRY) W Jerse		U.S.	N OF WHAT	COUNTRY	Y?	MARRII WIDOW	ED NE		RIED 🔲	Prince	_	_		EATH
III CI	TY OR TOWN O	DE DEATH	11. NAME	OF HOSPIT	Y, GIVE STREE	ET ADDRESS)				12a USU	AL OCCUPA DST OF WORKI	ATION (TYPE		12b KIII	INDU:
13a. S	nham ALRESIDENCE (TATE TYland	13b. COU	E OR OTHER INSTI	13	ESIDENCE BEF	ORE ADMISSIO		13d INSIDE C			ssman Ogla	S	A St	Pri	078
/4. FA	ATHER'S NAME FIRST	ILLIN	MIDDLE	• [1	Maie	ī	TLOII	15. MOTHE		EN NAME	MID		C 51		LAST
16a. V	VAS DECEASED	EVER IN U.S. A	VE WAR OR DATES	ES? 10	66. SOCIA	L SECURITY		17. INFORA	MANT 1	1305 laier,				race	:
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NOI	gove ris cause (a) lying cous	s, if ony, whice to immedia stating the <u>unde</u> e lost.	the DUE	TO, OR AS	A CONSE	QUENCE C	DF .	OR CONOITION	H GIVEN IN PA	ART T (a)					
IFICATION	gove risi cause (a) lying cous	s, if ony, whice to immedia stating the <u>unde</u> e lost.	the DUE	TO, OR AS	A CONSE	QUENCE C	DF INAL OISEASE			ART T (g)					
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MEDICAL	gove riscouse (a) lying cous PART 2 OTHER SIG P	S, if any, white to immedia stating the under elost. DPERATION CAUSE WAS OR GCAUSE OAUSE O COURRED NOT WHILE AT WORK AT WO	DUE THE DUE ((a) ((a) ((a) ((b) ((b) ((b) ((a) ((b) TIME OF IN. DUR A.M. M. P.M. PLACE OF II TREET, FACTORY.	A CONSEINOT RELATED N FOR WH UJURY AONTH D. INJURY (, FARM, ETC.)	QUENCE CONTROLL OF THE TERMINAL OF THE TERMINA	ATION W. 21c. HC 21l LOC s1	CATION TREET THE (S Dep	Inspection ide, PECIFY)	ED (ENTERNALION OF THE PROPERTY OF THE PROPERT	Inquiry Inquir	on on	od in my o	PART 2) COUNTY Opinion ENED	es 🗆	
WEDICAL 23a. BG 1S Bu	gove riscouse (a) lying cous PART 2 OTHER SIG 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK 22a. I certif death resulte ACTUAL SIGNATURE EXAMINER'S N	CAUSE WAS OR GCURRED NOT WHILE AT WORK A that I toak cha	DUE THE DUE	TIME OF INDUTATION OF A.M. M. P.M. PLACE OF INTREET, FACTORY.	A CONSEINOT RELATED N FOR WH UJURY VONTH D. NJURY (FARM. ETC.) Ped above, Exide 19 23c. NAA Mt.	AY YEAR 19 AT HOME. held on , Sui ME OF CEM Oliv	ATION W. 21c. HC 21l LOC s1 Autops ccide	CATION TREET TILLE (S D P C P C P C P C P C P C P C P C P C P	Inspection ide, PECIFY)	Undete	Inquiry [Inquiry] Inquir	onner	DATI SIGN	PART 2) COUNTY COUNTY Hill Hill	Ls,



VOIDED DEATH CERTIFICATE NUMBER

87-02822

See 1986 deaths late, Pamela Maria Malcom



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STATE OF MARYLAND

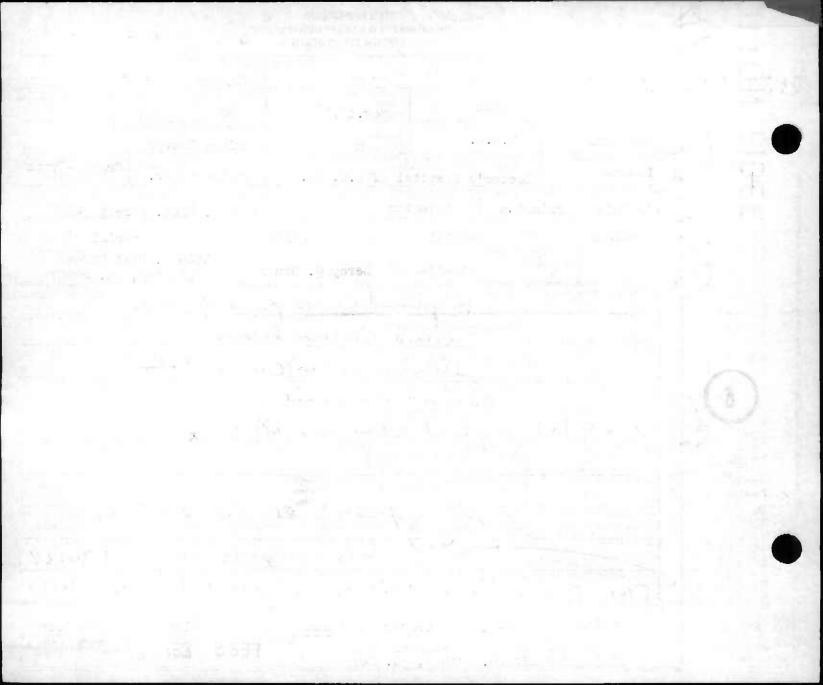
3 / REG. 1	10.	2	Ö	L
ATE OF DEATH	MONTH	DAY	YEAR	2b. HC

	1-	STATE REGISTRAR			DEPA		ICATE OF DEATH	REG.	NO.	20	4 4
		CEASED NAME	FIRST	A	AIDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH [DAY YEAR	26 HOUR
FR	Ω	07 T	heresa	1	М.	MANI	LEY	January	29,19	87	11:57PM
-0	3. 3€)		CERTIFICATION OF	4 RACE		5. DATE C		6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	HOURS MIN.
1		Female		White	2	No	v.17,1896	90	YRS.		Moons Mile
0		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF		RY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	2.7
2/		New York		U.S.A		WIDOWE	DIVORCED	Prince G			MD.
3	5	Lanham		Doctor	s Hosp	reet address) ital Of	P.G. Co.	OT USUAL OCCUPA OT TYPE OF WORK FOR MOS Business	T OF WORKING LIFE	E) INDUSTRY	of Business OR er-Eyans epair
	713a. S	AL RESIDENCE (IF NUR STATE Virginia	136. COUN	other institution ity ngton	13t. CITY OR TO		13d INSIDE CITY LIMITS?	13e STREET ADDRES	S/ZIPCODE		22207
1	IJI. FA	THER'S NAME		MIDDLE ~			15. MOTHER'S MAIDEN NA	ME	- 1000		
10	0	Gerolomo		I	Baietti		^{FRS} Julia	MIDDLE	J	Barini^°) [
27	16a V	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SE		17 INFORMANT	461	1955N. 4	1st Str	reet
7		res, no or unknown) NO	(# 125, 011	z ma on oniza,	058-52	-8220	Leroy J. Haug	h Arl	ington	, Va. 2	22207
7	NOI	Conditions, if ony gove rise to im couse (o), stati underlying couse PART 2. OTHER SIG	v, which mediate ng the e lost	(b)	R AS A CONSE	QUENCE OF	ocules C	INAL DISEASE OR CC	LLL INDITION GIVI	EN IN PART 11	0
1/	CERTIFICATION	19a DATE OF OPERA 1 2 C	DERLYING [216. TIME O	FINJURY	a	N WAS PERFORMED	200 AUTOPSY? NO RED (ENTER NATURE OF IN	IN CERTIF	S, WERE FIND IN YING CAUSES S	NGS USED OF DEATH?
1	AL	OR CONTRIBUTING		1111	M. MONTH	DAY YEAR					
	MEDICAL	214 INJURY OCCUR	RED	21e PLACE			211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
		220.1 certify that (I	(this hospi	tol) attended the	deceosed from	m	79 1980		29	19 27.	that (I) (we) lost
		sow the deceos obove, (1) (we) (sed olive on did) (did no	t) view the body	ofter death.	or. or	nd that in (my) (our) opinion	death occurred on the	dote and hour	r and from the	couses stated
		22b. SIGNATURE			- Cur	> (ATTENDING PHYSICIAN D	MEDICAL ST	AFF SICIAN []	22c. DATE	SIGNED 87
1	0	22d. PHYSICIAN'S N	AME (TYPE C		K	1.10	22e. ADDRESS	DU D	11	1	140
		CIRO	19.[MON	ance		3308 Dool	OPORICE	- W- K	www	
		URIAL, CREMATION, SPECIFY) Buria		Feb.2,			EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN Woods	ide	COUNTY	w York
	24 51	INTERAL DIRECTOR					25 0 17				-

DHMH- 16 60M 7/84 (VRA 15, 4)

PRECTOR Endon/Hale Lanham Euneral Home 9013 Annapolis Rd. Lanham, Md. 20706

250. DATE REC'D BY REGIS 1987 Julia Barrier Landau



STATE	OF	MARYLAND	
JIMIL	01	MARILAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR				CERTIF	ICATE OF DEATH	S / REG.	NO.	4	jii de
J. DEGEASED NAME (TYPE OR PRINT)	John	,	G.	Mar	eiast	26. DATE OF DEATH	MONTH	15 87	26 HOUR
3. SEX Male		4. RACE Caucasi		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
BIRTHPLACE (STA	te or foreign	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	DI NEVER MARRIED 50	Prince Ge	OR COUNT	TY OF DEATH	
City or town o			OSPITAL, NURSIN HEACILITY, GIVE STREET Temple Hi	IG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPA Night Wate			OF BUSINESS OF
USUAL RESIDENCE (1 130. STATE Maryland	13b. COUN		13c CITY OR TOW		13d, INSIDE CITY LIMITS?	13e.STREET ADDRESS		DE Iill Rd.	20748
FATHER'S NAME FIRST		MIDDLE	Marias		15. MOTHER'S MAIDEN NA Rose	MIDDLE		Bog	îch
60 WAS DECEASED (YES, NO OR UNKNOW YES	(IF YES GIVEN	WAR OR DATES)	371-14-0	0042	17 INFORMANT Emil Marias	5021 Temple H	šie Hi ills,	Md.	
18 CAUSE OF I PART I. DEA	DEATH (Enter an TH WAS CAUSEI IMMEDIAT		ling for (a), (b), and		LINFAC		~ ~ 0 + 4	BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
	immediate stating the cause last	DUE TO, OI	R AS A CONSEQUE	ENCE OF /	CYPENIZ N	Cion		10	o yrs
190. DATE OF OIL					N WAS PERFORMED	200 AUTOPSY?	20b IF Y	ES, WERE FINE	DINGS USED
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEA	111	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR				
WHILE AT WORK	OT WHILE	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR	NWOI	COUNTY	STATE
saw the de	at (I) (This hospite eceased alive an	MOU.		APR.	d that in (my) tour) apinian	death accurred an the	25 date and ho	, 19 86 our and from th	, that (I) (we) last ne causes stated
22b. SIGNATUR	frem	Mo	leper	>	DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	22c. DA	15/86
	ano Kole	/			4400 Stamp 1	Rd. Temple	Hills	, Md.	
230. BURIAL, CREMAT Burial	ION, REMOVAL	23b. DATE 1/17/8			emetery or crematory omfort Cemete	23d LOCATION CITY OR TOWN	dria.	COUNTY	siate rainia

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

TO HOSPITAL

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FOR

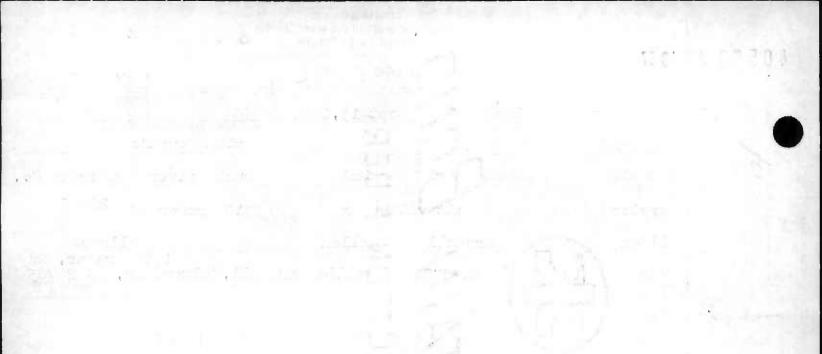
25 N REDUSTRANCE SHOPPAN

24 FUNERAL DIRECTOR

George P. Kalas Funeral Home Oxon Hill, Md.

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.b. Tili nor) onot former actes . Y. s. .



		1	FOR		STATE DEPARTMENT OF HE	OF MARYLAND	LYGIENE	
1606	10 141		STATE RECISTRAR	0.00	DICAL EXAMINER		OF DESTH REG. Q.	2826
3 4 0 4	HING G I H	1. DE	CEASED NAME FIRST	William	WIDDLE NAME	Maraha Maraha		ONTH DAY YEAR 24 HOUR
6 4	FILES.	3. SEX	WII	S. DATE OF BIRTH	6 AGE (IN YEARS)	IF UNDER 1 YR. IF UNDER	DEATH MATED	~ 7 1088 M
2	DIRECTOR. DIRECTOR. OUR FILES. 72 HOURS ON STREET,	N	Take White	E 12-29	7-29 LAST BIRTHDAY) 57 YRS.	MONTHS DAYS HOURS	MIN PRONOUNCED DE AD	- 4 81 934
0	200	FO	REIGN COUNTRY)	U.S.A.	w	MARRIED WEVER MARR	- /7V + 1200 /	reorges MD
5		4	portown of DEAT	103139 SUCHE	1 1. ~	VL-	FOR MOST OF WORKING LIFE) Asat. Master	P.G. SCHOOL
21201	5	13a S M E	TATE 13b C	ome or other institution, G OUNTY Ince Georg	13c. CITY OR TOWN 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3139 Pylea D	rive, 8772
Ø.	0.204/		THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAID	MIDDLE	LAST
NORE	PAGES NORWES	160. V	VAS DECEASED EVER IN U.S		Marahall	Lillie D. 17. INFORMANT	Unknown Wife ADDRESS	Babb
ALTIN	MES APTER GIVE P WITH FO PAGES DIVISION	(Y		Sorean	213-40-72	68 Beulah J	. Marshall Sar	me aa 13
ESTON ST.	N 24 HOUND IN ITEM 18 ALONG SIT PERMIT PERMIT HYGIENE, AOVAL.		18. CAUSE OF DEATH (Entre PART I DEATH WAS CA IMME Conditions, if ony, w	USED BY: DIATE CAUSE (6) DUE TO, OF	Thotgun	wound	of the head	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	XECUTED WITHIN: WE'N IN PENCIL IN MG'N IN PENCIL IN MG'N IN TANNINER AI BURIAL - TRANSIT AND MENTAL HY MATION, OR REMO		gave rise to immed cause (a) stating the un lying couse lost.	diote (b)	R AS A CONSEQUENCE OF		N Q H	
CORDS	ID BE EXECUTED PENDING" IN F AEDICAL EXA D AS A BURIAL HEALTH AND MU CREMATION,	NO	PART 2 OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL	OISEASE OR COHOITION GIVEN IN PA	RT 1 (a	
TALRE	SOUTH THE LANGE	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	ITION FOR WHICH OPERATION	ON WAS PERFORMED?	34 34 7	20 AUTOPSY?
NOF VI	O NENT O	AL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.A	A. MONTH DAY YEAR	TIE HOW INJURY OCCURRE	ED (ENTER MATURE OF INJURY IN ITEM 18 PART	YES NO TO
DIVISIO	E, WRITING TH RWARDED TO PAGE 3 SHOU STATE DEPART 2 21201 PRIOR	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	27 27 45		3139 Pyles	Drug Clipper Man	(poo, Dr. Gerge
	MANER: HEICATE BE FOR FICTOR: TH THE S		22a. I certify that I taak c	harge of the remoins de	According , Suicide	200000000000000000000000000000000000000	Undetermined manner ,	n my opinian MS.
	EDICAL EXAMINATION TO THE CERT A SHOULD BINERAL DIRECTOR MARK WITH WITH WITH WITH WITH WITH WITH WITH		ACTUAL SIGNATURE	gura J.	Trugues	M.D. Deputy	MEDICAL EXAMINER	DATE 1-7-8%
	TO MED EXECUTE PAGE 4 TO FUN A ITER D B.A TIME	03.6		ugusto P. R			Rayburn Ct , Temp	ole Hills, MD
07/84	BP BP	230.8	JRIAL, CREMATION, REMOV PECIFY) UT181	1-10-87	Md. Vet.	Cemetery	23d LOCATION CHYORTOWN Cheltenham	P.G. Md.
25M	DHMH - 17		INERAL DIRECTOR	ADDRESS	D O Doy 1			RAR'S SIGNATURE
(VR A15 ME (5))	Hu	ntt Funeral			20601 14N	9 1987 Auto 17	

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	Fage 4 may be	diector, page 3
•	a decili	e funeral
ARYLAND 21 201	within 24 hours, off	letely filled in by th
BALTIMORE, MA	ficole be executed	physician and comp
W. PRESTON ST	of the depth certi	-
RECORDS, 201	e low require the	os been signed
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ING PHYSICIAN: The low requires that the death centificate be executed within 24 hours after death. Page 4 may be or attending physician.	After this certificate has been signed by the sector, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE 042952 CERTIFICATE OF DEATH **○ REGISTRAR** REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) MASAYKO IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HE MONTH 83 1900 Male Caucasian 86 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWEDXX DIVORCED O. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Painer Self Employed OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Charles Waldorf 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland 3047-F October Place 20601 NO X YES [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Unavailable Unavailable 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Penn (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 171-16-6460 Joann Kirstein, 896 Kennebec St. Pittsburgh, No 18. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause last. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION burial-tronsit permit. Mental Hygiene prior ony. 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F NOK YES 71a, ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY TH LOCATION COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. morked AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from that (we) last FUNERAL DIRECTOR and that in (my) (our) opinion death occurred on the date and hour and from All twe Idid (did not) new the body after depth 27b. SIGN 130 DEGREE TE SIGNED MEDICAL = STAFF ATTENDING be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d PHYSICHAN should be with the S

23c. NAME OF CEMETERY OR CREMATORY

3447 Dawson St

ADDRESS Pittsburgh, Pa

Sunset View Mem. Park

Allegheny County

Verona, Pennsylvania

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d. LOCATION

DHMH - 16 60M 7/84

BP

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

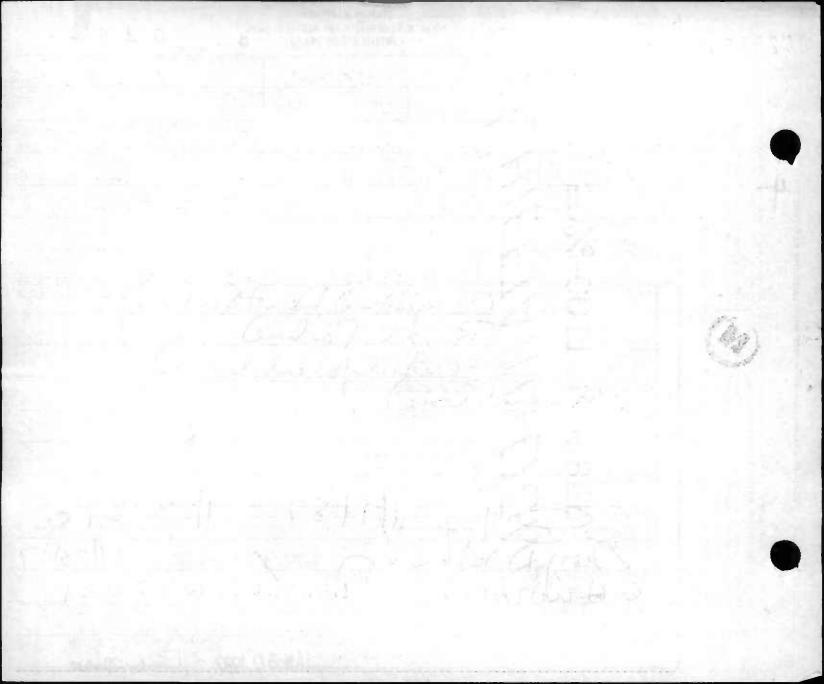
24. FUNERAL DIRECTOR

23b. DATE

John Elachko F.H.

01/27/87

(VRA 15, 4)



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STATE	UP	BN 6	RESE	AND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-2 STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 7 REG. NO.	2 3 2 3
I. DECEASED NAME (1YPE OR PRINT)	ALICE	MARTIN	20 DATE OF DEATH MONTH	23 87 L2 00P
3. SEX 4. F FEMALE	NHITE	5. DATE OF BIRTH MONTH DAY YEAR OCT. 12 1904	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
VIREINIA	CITIZEN OF WHAT COUNTRY?	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. BALTIMORE CITY OR COU PRINCE GEORGE	
CHEVERLY	PRINCE GEORGE	GENTRAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!) NURSES A10.	12b. KIND OF BUSINESS O INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTH 136. STATE 136. COUNTY MOUTES	13c. CITY OR TOV		130 STREET ADDRESS / ZIP C 77/3 CARR	
FATHER'S NAME FIRST MODE A FATHER'S NAME MODE	ROBELTSU	15 MOTHER'S MAIDEN NA FIRST HATTIE	MIDDLE	GOARD
WAS DECEASED EVER IN U.S. ARMEI			ADDRESS L. 77/3 CARROL	LAVE TOK PK MD
PART 2. OTHER SIGNIFICANT CON WERNALLY THE DATE OF OPERATION 218. ACCOUNT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE (c) NOTIONS CONTRIBUTING TO CONTRIBUTING TO ON FOR WHICH	DEATH BUT NOT RELATED TO THE TERM OF THE TE	100 Leans cl	GIVEN IN PART 110 YES, WERE FINDINGS USED RTRYING CAUSES OF DEATH?
The commendation of the commendation of	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	YES NOT NOT NEED HERE WHEN IN THE	YES NO .
AND STANDS AND STANDS OF CONTRACT OF CONTR	21s. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	ZII LOCATION	CITY OR TOWN	COUNTY STATE
27s. I certify stay (i) (this bospital) saw the content of content of stay (ii) Stay (did) and not 27s. 510 Content	ew the fody after death.	DEGREE	death accurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the couses stated 224 DATE SIGNED
22d. BYSICIAN'S NAME IN COMME	2 100	7500 Colle	ENLIAY CA	The Consense
		NAME OF CEMETERY OR CREMATORY ARTIN FAMILY OSMETER	23d. LOCATION CITYORTOWN STURT	COUNTY VIRGINI

DHMH - 16 60M 7/8 (VRA 15, 4)

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JAN 30 1987 Julia Davidson. Rendres.

AN - 200 2114E A CONTRACT NO STATE OF STATE O 1785) CIP 32024W MANTEN PALL THE THE THE SHEET AND STATE ROBERTON HATTE GOACE 235 Sterry Parlies That The Secretary has the Standard TAME DANGER SPACE A COLLIGHT IN or deposit a single of the second in the second determine the total of the same they allowed 10, 50 cd/1 40 miles TOWN THE FAMILY OF THE CASES AND ISTAL MESON CONSTRUCTION OF THE Telegrational discontilled 22 County 400 De 1830 288

4	627 JAN:	20	FOR STATE REGISTRAR	DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	8 / REG. NO		824
	deoth deoth	(TYP	ORPRINT) / HRST	H. 1	MAT	THEWS	(01 07	87 2:55pm
	ge 4 mo ector. po	3 SE	Female	Black	5. DATE O	13 ^{AY} 1899	6 AGE (IN YEARS LAST BIRT	(HDAY) IF UN	IDER I YEAR IF UNDER 24 HRS
	meral dii 72 hou		RTHPLACE (STATE OFFOREIGN	U.S.A.	8. MARRIED WIDOWEI	NEVER MARRIED DIVORCED	Prince	-	rges MD.
	by the fur iled within	10 C	AUrel	11. NAME OF HOSPITAL, NURSIN OF HOT IN SUGH FACILITY, GIVE STREET, OY RATEY LAWY		POTMER INSTITUTION	120 USUAL OCCUPATION (TYPE OF YORK FOR MOST OF		KIND OF BUSINESS OR
	filled in filled in mass be		STATE M 136.COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134/CITY OR TOW GEO LAUVE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	IZIP SODE	et /20707
MARYL	maletely one shrines	14. F/	THER'S NAME PIRST MOSES	MIODLE HAII LAST		15. MOTHER'S MAIDEN NA/	A A A RA	?is	LAST
MOKE,	n ond co	16a \	VAS DECEASED EVER IN U.S. AF YES, NOOR ENKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR OATES) 2/8-30-	4086	L'Orraine T.	homas da	ss ughter	SAME AS #13
I., BALI	physicio inpopers imoval.		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and ED BY: TE CAUSE (a), Cardio	- res	airature	faillun	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESIONS	deon cer over carbo ave carbo averation re		Conditions, if any, which	DUE TO, OR AS AJCONSEQUE	NCE OF	ssis			
× .	d by the eostered of, cremen		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NGE OF	l preem	oute		
3KDS, 20	requires ten signe t. Then pl or to buri y injury, o	NOI	Tuy	conditions contributing to a	esch	remia	nal disease or cone		
AL RECO	he low on. hos be t permi ene pri	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION		YES NO	IN CERTIFYING YES	RE FINDINGS USED G CAUSES OF DEATH? NO
10	ding physics ding physics is certificate burial-transi Mental Hygins or term 18 sh		21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE		YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 10	OR PART 2)
DIVISION OF VITAL RECORDS	offer this as the bund who and Mandal	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOV	VN C	COUNTY STATE
	Spital or Spital or CTOR: A for use of Health of 121 is mo		saw the deceased alive or	ital) ottended the deceosed from	27 , on	= 3 / , 19 <u>86</u> d that in (my) (aur) apinion o	, to		that (1) (we) lost tom the couses stated
0	by the hos by the hos ERAL DIREC e detoched Stote Dept.		22b. SIGNATURE	allafny	/	MA ATTENDING PHYSICIAN	MEDICAL STAF		1-7-87
	OSPITAL ed by the UNERAL d be de he Stote RTANT:		22d. PHYSICIAN'S NAME (TYPE		٨	22e ADDRESS		e la	und und

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR George R. Snowden

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

1-13-87

Burial

(SPECIFY)

23c NAME OF CEMETERY OR CREMATORY

k Laurel, Pr. Geo, MD

Md. Nat'l Mem. Park

246 N. Washington St250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE ROCK VIIIe, MD 20850 JAN 16 1987 Aug. Trades.

filled in by the funeral director, page 3 pould be filed within 72 hours after death

moy be

executed within 24 hours ofter death. Page 4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

B.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	IENE / REG. N	0 2	8 3	i
(TYP	CEASED NAME FIRST EOR PRINT) MORRI	S W.	Mc Col	Lun	26. DATE OF DEATH	1- 5-	- 87	32 P M
3 SE	emale	4. RACE WHITE	5 DATE (6 AGE (IN YEARS LAST BH		UNDER 1 YEAR	HOURS MIN.
Te:	IRTHPLACE (STATE OR FOREIGN COUNTRY) XAS	U.S.A.	MARRIE		Prince Geo	rge's	DEATH	MD.
Ri	Verdale	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST LEIAND ME	REET ADDRESS)	L HOSP HL	TEX SPECTA		INDUSTRY	R.S.
13 ₀	ryland Prin	prother institution give residence be inty 13c CITY OR t ace George s Hya	OWN .	Lees X NO	6519 Adelp	hi Road	2078	32
Ch.	ATHER'S NAME arles A. Wiler WAS DECEASED EVER IN U.S. A	MIDDLE LAST		Stella Hub	bard		IAST	
	YES, NO OR UNKNOWN) (IF YES, G	322-38-	-0512	Robert B. Mc		N. Oxfo	Va. 2	22203
		inly ane cause per line for (a), (b), ED BY: ATE CAUSE (a) CARDI	AC A	RREST			BETWEEN OF	NATE INTERVAL NSET AND DEATH
NO	Conditions, if ony, which gave rise to immediate couse (0), stating the underlying cause last. PART 2. OTHER SIGNIFICANT AND IMPLEMENTATION OF THE SIGNIFICANT	DUE TO, OR AS A CONSE	OUENCE OF	CARDIE VASCUL			IN PART I (a	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH			200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	ERE FINDING	GS USED OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		DAY YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2]	
MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	9	STREET	CITY OR TO	wn	COUNTY	STATE
	sow the deceased alive a obave, (I) (we) (did) (did n	ortal) attended the deceased from 922 9 19	86/or	d that in (my) (aur) opinion o	deoth occurred an the de	ate and hour an	d from the co	or (II (verl ast suses stated
	22b. SIGNATURE	Typerald	1		MEDICAL STA	FF Clan	22c. DATE S	1GNED 5-87
	BERNARD A	FITZGERALD		210 ADDRESS 217 UNIVERSIT	y Blus En	T, Silve	on Spri	ng, ml
23c. E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			emetery or crematory	23d. LOCATION CITY OR TOWN Brentwood			696.4 a's Md
75°		Sons Funeral Hovenue Hyattsvi				TheChart	PSON SIO	RE S

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNETAL DIRECTOR: After this certificate has been signed by the attending physicion and control of the state of the build-tronsit permit. Then please remove corbon popers. Pages with the State Dept. of Health and Amendi transmit at the burial, cremotion, or removal.

MPORTANT: If Hem 21 is marked or m

OR ATTENDING PHYSICIAN: The low or offending physicion.

etained by the hospital

BP.

injury, or other troumotic event, the medico

198 - 64-3-1 WE CELLICA 27.27 Legens Margarya Hogy Her CARGAS FAREST Hyperstanie Cinon Vastalac Disensa. Survey During Marie 125 Lange to for 5 2 2 2 14 1 15 Brown & Burney 6.8-3girling outy Blooker, Sear Spain Mil Parament inggreen 2-7-1 and the first war and the second

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217	(TYPI	OR PRINT)	Ann	G	reen	McC	omb		OF ESTI-	1/	4/ 1987	
STREET,	J. SEX	E IIE	4. RACE	S. DATE OF BIRTH	6. AGE (IN Y	EARS IF UN		ER 24 HRS 2c	DATE NOUNCED	MONTH	DAY YEAR	24 HOU
NO		male		an June 8	1915 71	YRS.	45 DAYS HOURS		DEAD	1/	4/ 1987	P
17	FO	RTHPLACE (ST		76. CITIZEN OF WH		100	ED NEVER MA	RRIED	ALTIMORE CIT			
PL		ew Jer		U.S.A	TITAL NURSING HOM	WIDOW					S County	
800				(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS	IE, OR OTH	EK INSTITUTION	FOR MOST	OF WORKING LIFE)	TYPE OF WORK	OR INDUSTI	RY
200				E OR OTHER INSTITUTION, GIV		SION)			sewife		N/A	
35	130. ST	ryland	Princ	ce George's	Ft. Washin	gton	13d. INSIDE CITY LIMITS	13° 51868	Parr C	t. 20	0744	
3.	_	THER'S NAME				8	15. MOTHER'S MA	IDEN NAME		-	1467	
168)	Albert		M.	Green		Elizat	beth	Scott		Hatfiel	
2 1	16a. V	S. NO, OR UNKNO		ARMED FORCES?	166. SOCIAL SECURI		17. INFORMANT		ADDŖ	807 Bu	ckmaster	La.
		No			157-01-92	23	Dorothy	E. Bodin	ngton	Ft. Wash	uington,	MIC
Ď			F DEATH (Enter of	only ane couse per line f	far (o), (b), and (c).)	1 3			- Twks		APPROXIMATE BETWEEN ONSE	T AND DEATH
A.			IMMEDI	IATE CAUSE (o) Car			and Fil	ırazepa	m Into	X.		
(課)		Candition	s, if any, which		AS A CONSEQUENCE	: OF					1 1 1 1	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	gave ris	e to immedia	te (b)	AS A CONSEQUENCE	OF		1			-	
N X		lying cau		(1)	AS A CONSCOUNTE						13.	
ATA		PART 2 OTHER SIG	GNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN	(PART 1 (a).			-	
NEN EN	NO											
T FE	CAT	190. DATE OF	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOPSY	?		
1 25	CERTIFICATION									- D 19	YES X	NO 🗆
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PRIOR TO BURIAL	MEDICAL	CONTRIBUTION 21d. INJURY C	NG CAUSE O	F DEATH P.M.	1 4 19 8		bject in	nhaled		et fun Prince		
100	ME		NOT WHILE AT WORK	STREET, FACTO	DRY, FARM, ETC.)		O8 Parr		ORTOWN	COL	Georg	STATE
212	17			1	7		[TV]					rid.
AND				orge of the remains of	200	Autop		1	quiry .	ond in my op	inion	
, WITH THE MARYLAND		death resulte	ed from: No	tural causes	Accident	vicide X	, Hamicide L. TITLE (SPECIFY)	Undetermin	ned monner			
T.3	153	ACTUAL SIGNATURE_		/	V	A.		ant MEDICAL	FYAMINED	DATE	1/5/8	37
ALTIMORE, M.								MEDICAL	LAMMINER	, SIGNE		
AFTER BALTIM	-	EXAMINER'S (TYPE OR PRIN	NAME	Gregory R.	Kauffman,	M.D.	ADDRESS	111 Pe	nn St.			
63	23a. Bl	PECIFY)	TION, REMOVAL		23c. NAME OF CI			23d. LOCAT	WN	COUN	ITY ST	ATE
2	24 51	Burial INERAL DIREC	TOP	1/9/87	Resurre	ction	Cemetery	Cli	nton ,	P.G.	Maryllan	AL .
17		NAME		ADDRESS	6160 Oxon Oxon Hi	11. M	d. JA	REOD. BY	SOFRAR SILLO	TO SHAR S'S	IGNATERE	
ME (5))	46	orge L	varas	Funeral Ho	ne	,						

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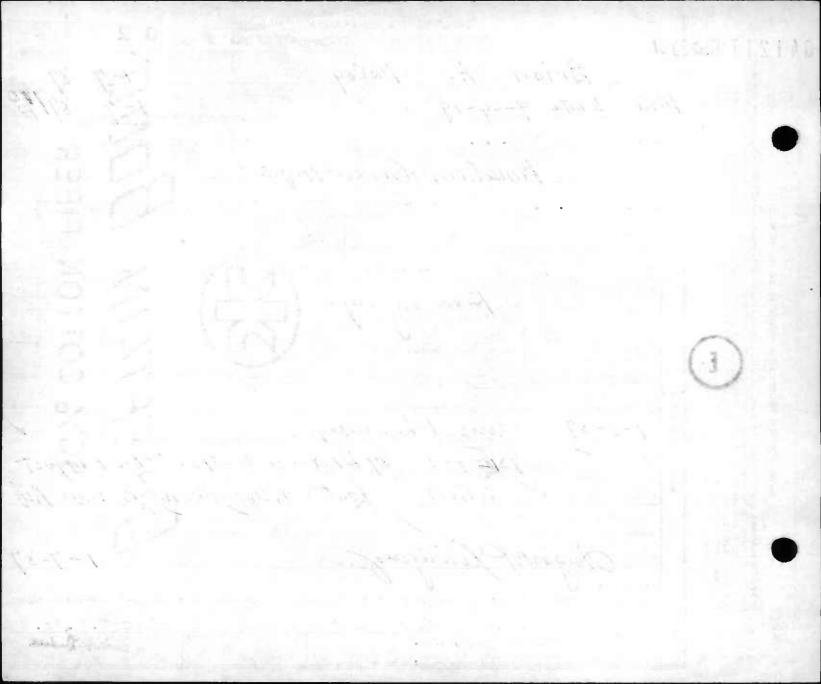
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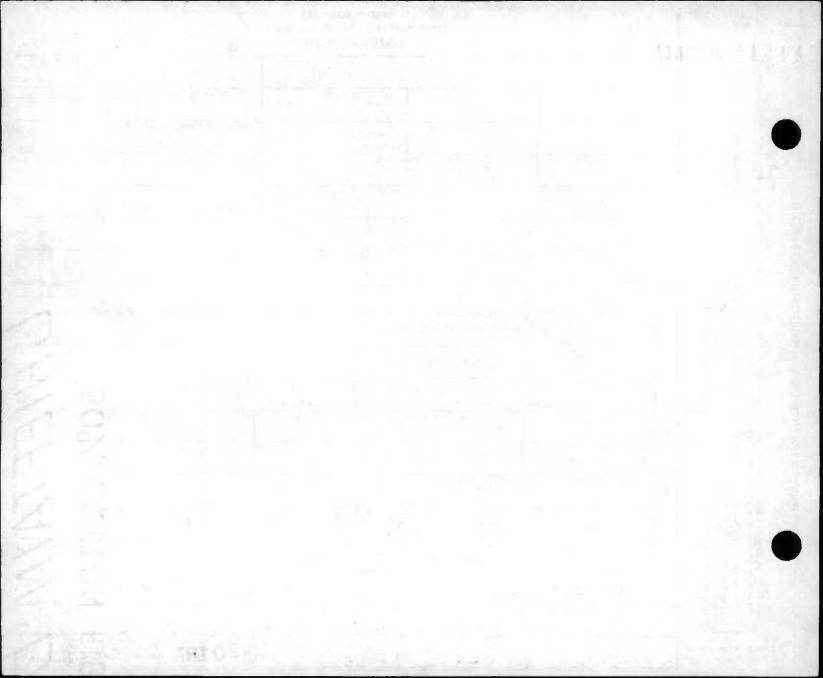
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE RIGISTRAR DECEASED NAME DATE KNOWN (TYPE OR PRINT) AY IS NECESSARY, PLEASE OTHE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. FILED, WITHIN 72 HOURS 201 W. PRESTON STREET, Lee DEATH MATED 6. AGE (IN YEARS IF UNDER 24 HRS DATE RONOUNCED DEAD Maryland U.S.A. Prince George's LNAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION PAGE 5 E FILED, S, 201 W 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Cheverly Student Student BE P. G. 201 W. PRESTON ST., BALTIMORE, MD. 2120 13c. CITY OR TOWN 13e STREET ADDRESS Maryland NO □ 10105 Quince Apple Ct Upper Marlboro 20772 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME C Robert McCov Mary J. Brown 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) No N/A 219-72-3937 Robert McCov Same as 13 A-E 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART LOGATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CENTIFICATE
EXECUTE THE CERTIFICATE, WRITING THE WORD
PAGE 4 SHOULD BE FORWARDED TO THE CHI
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US
AFTER DEATH, WITH THE STATE DEPARTMENT OF
BALLIMORE, MARYLAND, 21201 PRIOR TO BHURI YES [CONTRIBUTING CAUSE OF DEAT AT WORK AT WHILE 220. I certify that I took charge of the remains described above, held an death resulted from: Suicide Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE _M.D. EXAMINER'S NAME Rodriguez, (TYPE OR PRINT) ADDRESS5009 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 01/12/87 Trinity Episcopal Cemetery Upper Marlboro P. G. Md. 07/84 BP 25M 24. FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Old Alexander Ferry Rd Clinton, Md 20735



1						JE MAKTLANI					
JAN		FOR STATE REGISTRAR				ALTH AND ME	ATH	8 / REG. N		2 3	3 3
T I		CEASED NAME FIRST		IIDDLE	LAS		2	DATE OF DEATH	MONTH	DAY YEAR	10
		Fra	nces	C.	me	Collum	2			20,8	
	J. SEX	4	4. RACE		5. DATE OF	BIRTH	YEAR 6	AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAY	
L		+	Ca	u	14	24	99	8	YRS		
4		OUNTRY) DIATE OF FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	? 8 MARRIED	NEVER MAI	RRIED -9	BALLIMORE CITY	OR COUNT	TY OF DEATH	
1		renn-	u.	3H	WIDOWED		RCED	Prince	Geor	me	
0	0	Y OR TOWN OF DEATH		OSPITAL, NURSI		OTHER INSTITU		TYPE OF WORK FOR MOST			O OF BUSINESS
9		reenbelt	Greenbe		Sing C	enter		lerk		City	of Gree
d	To. S	L RESIDENCE (IF NURSING HOMI TATE 136 CC		GIVE RESIDENCE BEFOR		3d. INSIDE CITY	LIMITS? 13	STREET ADDRESS	/ ZIP COL	DE	
3		ld. P.G		Greenbel			10 2	2 Ridge R	d	20770	
9.7	4. FA	THER'S NAME FIRST	WIDDLE	LAST	1	5 MOTHER'S M		WIDDLE			LAST
1	Sec.	Michael		allahan		Ann	51		Di	ckson.	
1		AS DECEASED EVER IN U.S.		166 SOCIAL SEC	URITY NO.	1 INFORMANT		ADDI	RESS		22150
	nc		GIVE WAR OR DATES!	52912	65714	John E	McColl	um PO Box	4.03	Springs	_
		18 CAUSE OF DEATH (Enter	only one couse per l	line for (o), (b), o		1		<u> </u>	-4-0	APPR	OXIMATE INTERVAL EN ONSET AND DE
		PART I. DEATH WAS CAU	JSED BY:	: per de	ac a	erres	+				
		(MANALE)		AS A CONSEQU	IENICE OF				- A	7	
н		Conditions, if ony, which	DUE 10, OR	0. 0		as cul	Dem	acci	der	7	
		gove rise to immediate couse (a), stating the	3 245 70 00								
		underlying cause last.	(c)	R AS A CONSEOU	JENCE OF						
		PART 2 OTHER SIGNIFICAN		INTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE OR COI	NDITION G	IVEN IN PART	110
	NO.										
7	CAT	19a DATE OF OPERATION	196 CONDIT	TION FOR WHICH	H OPERATION	WAS PERFORM	NE D	200 AUTOPSY?	20b. IF Y	ES, WERE FIN	DINGS USED
4	TIE						4,0	YES NO		YES	NO [
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4		OR CONTRIBUTING CAUSE OF			DAY YEAR						
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	Z	WHILE NOT WHILE AT WORK	(AT HOME STRE	EET FACTORY, OFFICE,	FARM ETC)	STREET		CITY OR T	OWN	COUNTY	STATE
		22a.1 certify that (I) (this ha	ospital) attended the	deceosed from	- Chi	en	19 45	to	ent	11987	_, that (l) (we)
		sow the deceased alive	on Dala	19	an Oond	that in (my) (ou	ur) opinion dec	oth occurred on the	date and ha		
		obove, (I) (we) (did) (did 22b. SIGNATURE	not giew the body o	offer deoth.	DE	GREE				27c DA	JE SIGNED
		100	21 Dahn	~		ATTI		MEDICAL ST		1	219
		226. PHYSICIAN'S NAME ITY	PE OR PRINT)			22e ADDRESS	YSICIAN DI	PHYS	ICIAN		10
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	230 B	URIAL, CREMATION, REMOV	1 -22 -	87	Ft. Li	AETERY OR CRE	EMATORY	Brentwo	od P	QUNITY	Md . STATE
-	24 5:						ISS DATE O	EC'D. BY REGISTRA			
84	Do	nade V. Borgwa	ardt 4400	Powderss l	Mill Rd		DATE N	O O	The state of the s	STRAK S SIGN	IATUKE
			Belt	Sville	Md. 207	705	JAN	40 1097	1,0		10.1

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1		FOR	DEDADTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG					
1. 15 10 IM 21	97	STATE REGISTRAR	DEFARIA	CERTIFICATE OF DEATH	8 REG. NO.	0 2 8 3 4			
14 1 J 1 U JAN ZI		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26. HOUR			
noy be poge 3	TYPE	FRED FRED		MCOPNIEL		1 6 87 12:20m			
mo	3. SE	X	I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS			
ge 4 ecto irs of		MALE	BLACK	12 02 16	69	YRS.			
Po die		RTHPLACE STATE OF FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	Λ			
in 77	50	with CAPOLINA	USA	WIDOWED DIVORCED	TPRINCE G	BEORGES COI MD.			
by the full filled with	10. C	Clinton	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET CUNTO)	ADDRESS) ASCENT CENTER	120 USUAL OCCUPATIO				
maryLand 2120 ed within 24 hours mpletely filled in b and 2 should be fil	130.	AL RESIDENCE IF NURSING HOME OR COTATE 130. COUN'	TY 13c. CITY OR TOW	ADMISSION) N 13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	TREET 99999			
YLA rhin thin thin thin thin thin thin thin t	45.00	ATHER'S NAME	77.07	15. MOTHER'S MAIDEN NA	ME	* * * * * * * * * * * * * * * * * * * *			
MAR ed wi		John	MCDAN!	el First Lui	Known	LAST			
BALTIMORE,		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE YES	WAR OR DATES!	RITY NO. 17. INFORMANT	ADDRES	S			
BALTI Brother Broth		18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y one couse per line (or, (a), (b), on BY:		(FANCE)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Certifican		IMMEDIATE	0,1002 (0)		11110				
deoth deoth ove contian, o		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF					
that the death certification of the attending is asserted to the attending is asserted to the attending is a cremotian, or refer to other troumotic events and the attending is a second to th		gave rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF							
201 seed by plea		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 1 II			
Manire sign Then I to bu	N O	C	1-yestide)	Least Fulvre					
I.RECON re low re low re nos beer permit. ne prior ws ony i	CERTIFICATION	190 DATE OF OPERATION	1 , , ,	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
VITAL N: The roote h roots h Hygier 18 shor	ER .	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY				
NOF VI SECIAN: ng phys certifico uriol-tror entol Hy		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH DA	AY YEAR					
DIVISION OF VITAL RECORDS, 201 DING PHYSICIAN: The low requires th or oftending physicion. After this certificate has been signed to so she buriol-transit permit. Then plea oith and Mental Hygiene prior to buriol, marked or them 18 shows ony injury, are	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION	CITY OR TOW	N COUNTY STATE			
		22a.1 certify that (1) (this hospite	ol) ottended the deceosed from_	19 19 8 6	c. 10 1 6	, 198 7, that (I) (we) lost			
ATTEND Sspital o SCTOR: Victor Use d for use m 21 is m		saw the deceosed alive on obove, (I) (we) (did) (did not	view the body ofter death.	, and that in (my) (our) opinion	death occurred on the dat	e and hour and from the couses stated			
A P P P P P P P P P P P P P P P P P P P		22b. SIGNATURE		DEGREE	-4	22c. DATE SIGNED			
Al Al deto		1 ()	W/C	ATTENDING PHYSICIAN	MEDICAL STAFF	AN .			
HOSPIT bined by D FUNER ould be o		REZA MOSTAAN,		220. ADDRESS 4235, 28+4	AVENUE TO	emple Hills, MD. 20748			
2	23n	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d. LOCATION				
69 9BP 99		(SPECIFY) Burial	101-10 1000 1	icolum Mem. Ceneter	CITY OF TOWN	1 PG Many STATE			
DHAM 14 50M 4/00	24. F	UNERAL DIRECTOR		25a. DA	LE REC'D BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATURE			
DHMH - 16 50M 4/B2 (VRA 15, 4)	R	bet G. Mason	1661 Good Hope	Rd. SE	AN 4 U 1987	Julia Divideon Pendale			



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STATE OF MARYLAND

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CERTIFICATE OF DEATH		0 /	0	2 3	3 5				
		MIDDLE	LAST	1 1-1	tu. b. m. o. bernin		Y YEAR	2b HOUR	
		ret E.	McGill		January 31	., 1987		3:22p.	А
			MONTH	DAY YEAR				IF UNDER 24 HRS HOURS MIN.	=
1	DECEASED NAME 1831		0.						
1		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF	WORKING LIFE)		F BUSINESS OR	
7	13a. STATE IBY COU	INTY 113° CITY OR TOW	VN 113d. IN	ISIDE CITY LIMITS?	13e STREET ADDRESS / 9902 Wildw	ZIP CODE	ad 2	0895	
1	FIRST	F. Finn	15. MC	FIRST	Nora				
7	(YES, NO OR UNKNOWN) [IF YES, GI	IVE WAR OR DATES)			, and the				
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ence of			10 (8		year	_
1	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS	PERFORMED		IN CERTIFYIN	NG CAUSES	OF DEATH?	
-	OR CONTRIBUTING CAUSE OF DE LIFETIME NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 200 AT WORK 22a.l certify that (I) (this hosp	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	AY YEAR 19 211 LO	OCATION STREET	CITY OR TOV	3/ <u> </u> , 19	COUNTY	that (I) (we) lost	-
	Obove, (I) (we) (did) (did no	OR PRINT)	DEGREI 27e A	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌			
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1 236. DATE 236. Feb. 3, 1987 Ma		RY OR CREMATORY Cometonu	23d LOCATION CITY OR TOWN WAShinato	n. D. (C	STATE	
	24 FUNERAL DIRECTOR France	cis J. Collins, ss.		234. DATE	REC'D. BY REGISTRAR		R'S SIGNAT	JRE	,

DHMH - 16 60M 7/84 (VRA 15, 4)

500 University Blud W. Silver Spring

APORTANT If Hem 21 is marked at them 18 shows any injury, drother traumfatic

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STATE OF MARYLAND

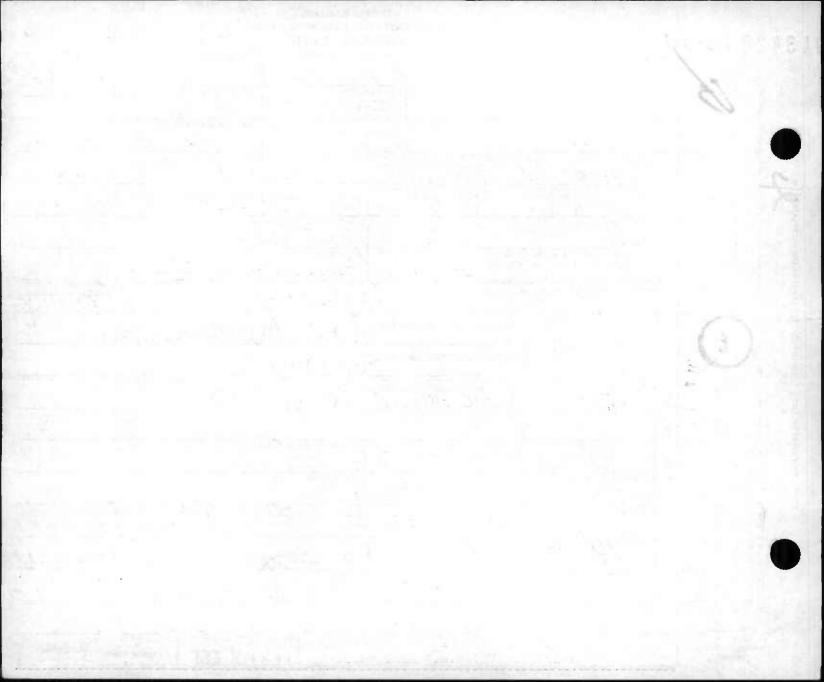
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 /	0 2 8 3 6
	EASED NAME FIRST FLE	TCHER	Mel	MILLAN	2a DATE OF DEATH	MONTH DAY YEAR 26 HOUR 2-201
3. SEX		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	
M	ALE	BLACK	MPM	-11-T4 YEAR	72	YRS.
	THPLACE (STATE OR FOREIGN DUNING THE CAROLINA	76. CITIZEN OF WHAT COUNT USA	TRY? 8. MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	DR COUNTY OF DEATH
10. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		HOSPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O LABORER	
MA	RYLAND P.	VIY 13c. CITY OR	TOWN HILLS	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4021 LYON	IS ST. 20748
FAT	HER'S NAME FIRST WILLIE	McMILLI		FRANCES PAT	RICK	LAST
		E WAR OR DATES)	SECURITY NO.	17. INFORMANT	ADDR	
	NO	249-09	4667	ESTELLA V.	DRAFT- 4021	
	8 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly ane cause per line far (a), (b ED BY: TE CAUSE (a)	a), and (c1.)	ALDACAN	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSI		Eptic SIto (INTRELATED TO THE TERM THE PARTY	VOCALMA INAL DISEASE OR CON COYD	ADITION GIVEN IN PART Trail
CERTIFICATION	9a DATE OF OPERATION !	19b. CONDITION FOR WE	HICH OPERATIC	ON WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART OR PART 2)
MEDICAL	21d INJURY OCCURRED HILE NOT WHILE AT WORK	21e PLACE OF INJURY	FICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
	220.1 certify that (1) (this haspi saw the decresed alive an abave, (1) the shift into an 22b. SIGN	1/20	6	DEGREE ATTENDING	death accurred on the d	
	22d PHYSICIAN'S NAME TYPE OF	HALL X	PAUNE	22e ADDRESS 7801- BA	ANOTY SI	The CLINTON A
	JRIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
(5)						
	BURIAL	1-24-87 ANDER S. POPE		NY CEMETERY		DOVER, M.D.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, If hem 21 is



requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

B / REG. NO.	0	2	8	3	4
E OF DEATH HONIN	DAY	YEAR	21. 1	IOLID	

	- STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 / REG. NO.	0 2 8	3 3.	
	CEASED NAME FIR	lia MIDDLE	ME	LINK	January 18		7:14a	
3. SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTH		IF UNDER LYEAR IF UNDER 24 HRS	
	Female	White	Ma	ÿ 21°,1896°°	9 D	YRS	HOURS MIN.	
No. B	Ttaly	76 CITIZEN OF WHAT	COUNTRY? 8 MARRI	ED NEVER MARRIED DIVORCED	Prince-Geo	~		
7000	Hyattsville	11. NAME OF HOSPIT Such FACILITY	AL, NURSING HOME TY, GIVE STREET ADDRESS) ed Heart H	on other institution ome, Inc.	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y Hotel-Kitel	WORKING LIFE) INDUSTRY	BUSINESSO	
	STATE 13b	ome or other institution give res COUNTY 13c. CI TINCE-Georges	ITY OR TOWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 1	ZIP CODE Ook Road 2	0700	
20 H.E	ATHER'S NAME Steven	WIDDLE	Bordon	15. MOTHER'S MAIDEN NAM	WE	Bour	go	
/ 360.	WAS DECEASED EVER IN U. (YES NO OR UNKNOWN) (IF	VES COME WAR OR DATES	2-32-0762	JOHN V. MEUN	ADDRES (K. 6465 GU	INEA PIKE LUI	IELAND,	
FICATION	Conditions, if any, whi gave rise to immedic cause (a), stoting t underlying cause lo	ch (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		IT NOT RELATED TO THE TERM ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	OF DEATH?	
	21g. ACCIDENT WAS UNDERLYI	NG 21b, TIME OF INJU	RY	21c HOW INJURY OCCUR	YES NOW NOTHER OF INJURY	YES DEPART OF PART 21	ио 🗌	
	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. M	ONTH DAY YEAR	3	TENTER MAIORE OF MAIOR	ATTEM TO THAT TOAT ART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EX	71e PLACE OF INJ	URY TORY, OFFICE FARM ETC 3	211 LOCATION STREET	CITY OR TOW	n COUNTY	STATE	
OH 81 17	22a.1 certify that (1) (this saw the deceased all	ve an view the bady after d	8719	nd that in (my) (our) apinion of		•	nat (I) (#8) L	
THE STATE OF THE S	22d PHYSICIAD NAME	(TYPE OR SPINIT) SHN KE OVAL 73b. DATE	HOE	ATTENDING PHYSICIAN PARTIES ADDRESS RIV	DIRECTOR PHYSICIA	D RIVER		

DHMH - 16 60M 7/8-(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME James Raymond Miller DEATH MATED 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY 7-16-1906 Male White 80 DEAD IN RIPTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY NEVER MARRIED Prince Georges North Carelina ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY 8105 Comet Dr. Fort Washington Bricklayer Retired USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2071 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Fort Washingtonyes # 8105 Comet Drive 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME James W. Miller Mary Kanipe 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Fort Washington Md. 20744 (YES, NO, OR UNKNOWN) 579-05-0150 no Raymond E. Miller 3611 Oakmont Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH peleratio Cardistras well decease EERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 11 ID BE FORWARDED TO THE CHEFF MEDICAL EXAMINER ALONG SHEEGOR, POER 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, ARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY DUE TO, OR AS A PONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 20. AUTOPSY? YES [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.1 WHILE AT WORK AT WORK CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PAFIEL DEFECTOR; PAFIEL DEFECTOR; PAFIEL DEFECTOR; PAFIEL DEFECTOR; PAFIEL DEFECTOR; PAFIEL DEFECTOR; PARYLAND; 2 220. I certify that I taok charge of the remains described above, held an Accident Natural causes Undetermined monner 23a BURIAL, CREMATION, REMOVAL 13h DATE (SPECIF Burial 1-12-1987 National Mem. Park Firfax Virgina 25M 24 FUNERAL DIRECTOR George P. Kalas Funeral Home 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** 6160 Oxon Hill Rd. Oxon Hill. Md. (VR A15 ME (5))

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moy be poge 3 f		CEASED NAME FIRST OR PRINT) Marc	BARET M.	Thilla	R	20 DATE OF DEATH MO	1-31-8	7 825 A
tor. po	3. SE		4. RACE	5. DATE OF BIRTH	AY YEAR	6. AGE (IN YEARS LAST BIRTHD)		YEAR IF UNDER 24 HRS
Page 4 r director. hours offe		emale	Caucasian	9-24	1- 1882	104	YRS	
P. P. P. P. P. P. P. P. P. P. P. P. P. P		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEV	ER MARRIED	9 BALTIMORE CITY OR C	COUNTY OF DEATH	H.
death.		ichigan	U.S.A.	WIDOWED 🔀	DIVORCED [PRINCE (JEORGE	3 MD.
by the furthing of the furthin	10. C	Clinton	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS) , 4	lospital	(TYPE OF WORK FOR MOST OF WI	ORKING LIFE) INDUST	ND OF BUSINESS OR TRY rtment Store
filled in hould be f	130. Ma		other institution, give residence before NTY 13a. CITY OR TOWN e George Upper Ma:	admission) 13d. Insil rlbord yes	DE CITY LIMITS?	13e.STREET ADDRESS / ZI 9115 Marlbo	IP CODE	20772
completely filled in by	14. F.	ATHER'S NAME FIRST John	MacDonal		Jessie	WIGOTE	McG	illvary
ote be execut sicion and co ppers. Pages 1 vol. 1, the medical		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECUI (F WAR OR DATES) 470-01-69		rmant	9116 Maribon	oro. Md.	
g phy on po even		PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), and D BY: TE CAUSE (a)		SANT 8	ALLUKE		PROXIMATE INTERVAL VEEN ONSET AND GEATH
that the death co		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE		NASIS		4	EANS
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NG PHTSIC(AN: The low requirable that the certificate has been got the burnol troust permit the throad Membri Hygiene pill to be owned or tem IB shorts any color	CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PE	RFORMED		Ob. IF YES, WERE FIN N CERTIFYING CAU YES	
CLAN. T 0 physic entificate od from med thys		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	III	Y YEAR	W INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	NITEM IS PART I ORPART	[2]
of PHYS afterdin to the fur heed or P	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	ATION	CITY OR TOWN	COUNTY	Y STATE
ATTENDO		sow the deceased alive on	ottended the deceased from 130 19 S	SEPT, and that in	(my) (o.c.) o pinion o	death occurred on the date	and hour and from	the couses stoted
TAL OF A The his RAL DIRE detuched detuched one Dept		22h SIGNATURE	- 2m	DEGREE		MEDICAL STAFF	1.1	ATE SIGNED
HOSPI orned to could be the fee S		PHILL U) (1807) W.	D 22e. ADE	ORESS ORESS ORESS	W HILL RO	. exeu	HILL MD.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 2/4/87 24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Oneota Cemetery

23d LOCATION CITY OR TOWN Duluth

St. Louis

Minn.

6160 Oxon Hill Rd. George P. Kalas Funeral Home Oxon Hill, Md.

MICOZIW

23b. DATE

AND SET THE SET district and the control of the cont elece, Maro o Mint Couls inn. [PATE Also cach 111 ac. | Fra 7 mg/ Later 1 ac. - corge i. i lan camouel Home Controliall, 16.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	0	2	Ö	4	-
7					

I. DE	CEASED NAME	FIRST		MIDDLE	CERTI	ICATE OF DEATH	REG.		DAY YEAR	2h HOUR
	E OR PRINT)		LIAM TH		МТ	LLER	JANUARY	16	1987	
3. SE	x		I. RACE		5. DATE C		6 AGE LIN YEARS LAST		IF UNDER I YEAR	1:28
	lale		Caucas	ian		1-1929 YEAR	57		MONTHS DAYS	HOURS
7a. BI	IRTHPLACE (STATEOR	FOREIGN 7		WHAT COUNTRY? 8		9 BALTIMORE CITY	9 BALTIMORE CITY OR COUNTY OF DEA			
- (Jash. D.C.		U.S.A.		MARRIE	D NEVER MARRIED				
10. CI	ITY OR TOWN OF DEA	ATH 1	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	Prince George's 120. USUAL OCCUPATION 12b. KIND OF BUSIN			OF BUSINES
La	anham		Docto	rs Hospi	tal o	f Pr. Geo. Co	Technicia			ronics
13a. S	AL RESIDENCE (# NURS	136 COUNT	TY	13c. CITY OR TOW	/N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 6623 Powh	S / ZIP CO	ODE Stroot	2073
	laryland ATHER'S NAME	Prince	e Geo.	E. River	rdaie	YES X NO		iaLan	Street	2072
			NIDDLE	Miller		Lillian	Mae		Dô	đđ
	WAS DECEASED EVER		MED FORCES?	16h SOCIAL SECU		17. INFORMANT	ADD			
	es .		etime	578-38-0	0134	Mrs. Nancy I	Miller,	Same	as Line	#13
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.									
	underlying couse		DUE TO, OI	RAS A CONSEQUE		piratory Arre inal Carcinom		rmina	1	
IFICATION	underlying couse	ng the lost.	(c)ONDITIONS <u>CC</u>	Massive	Abdom	inal Carcinom NOT RELATED TO THE TERM N WAS PERFORMED	atosis, Te	20b. IF Y	GIVEN IN PART 10 YES, WERE FINDIN TIFYING CAUSES	NGS USED OF DEATH
CERTIFICATION	underlying couse	NIFICANT CO	ONDITIONS CO	Massive DITRIBUTING TO D THOM FOR WHICH	Abdom	inal Carcinom	atosis, Te	20b. IF Y	YES, WERE FINDING CAUSES	NGS USED
AL CERTIFICATION	PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNIOR CONTRIBUTING	TION DERLYING CAUSE OF DEAT	ONDITIONS CO	Massive DATRIBUTING TO DE ITION FOR WHICH FINJURY M. MONTH DA	Abdom DEATH BUT OPERATIO AY YEAR	inal Carcinom.	atosis, Te	20b. IF Y	YES, WERE FINDING CAUSES	NGS USED OF DEATH
MEDICAL CERTIFICATION	PART 2. OTHER SIGN 190 DATE OF OPERA 210, ACCIDENT WAS UNI	TION DERLYING CAUSE OF DEAT CAUSE OF DEAT CALEXAMINER) RED	19b. CONDITIONS CO	Massive DITRIBUTING TO D ITION FOR WHICH FINJURY M. MONTH DA M.	Abdom DEATH BUT OPERATIO AY YEAR 19	inal Carcinom	atosis, Te	20b. IF Y IN CER	YES, WERE FINDING CAUSES	NGS USED OF DEATH
	Underlying couse PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNION OR CONTRIBUTING 10 (IF ETHER NOTHY MED) 210. INJURY OCCUR WHITE NOTHY AT WORK 10 220.1 certify that (I) soy the deceose	TION DERLYING CAUSE OF DEAT CALEXAMINER) RED (this hospite ed olive oned of live oned	ONDITIONS CO	Massive DITRIBUTING TO E ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F TO 16 19	Abdom DEATH BUT I OPERATIO AY YEAR 19 FARM.ETC) Jan	inal Carcinom. NOT RELATED TO THE TERM N WAS PERFORMED 214 HOW INJURY OCCURR 211 LOCATION	atosis, Te: INAL DISEASE OR CO 200 AUTOPSY? YES □ NO RED (ENTER NATURE OF IN CITY OR 1	20b. IF Y IN CER	GIVEN IN PART 10 (ES, WERE FINDII TIFYING CAUSES YES B PART 1 OR PART 2) COUNTY	NGS USED 6 OF DEATH NO
	Underlying couse PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOT IFF) AT WORK AT WORK 220.1 Certify that (I) Soy the decess GROVE (I) (We) (C) 220.5 SIGNA FURE	TION DERLYING CAUSE OF DEAT CALEXAMINER) RED (Ihis hospite ed olive on did) (did not)	ONDITIONS CO	Massive DITRIBUTING TO E ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F TO 16 19	Abdom DEATH BUT OPERATIO AY YEAR 19 FARM.ETC) Jan 87. or	inal Carcinom. NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET uary 3 19 87 nd that in (my) (our) opinion of DEGREE ATTENDING	ALOSIS, TE	20b. IF Y IN CER	(ES, WERE FINDING CAUSES YES COUNTY 6 19 87. 1001 ond from the	NGS USED OF DEATH' NO
	Underlying couse PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNION OR CONTRIBUTING 10 (IF ETHER NOTHY MED) 210. INJURY OCCUR WHITE NOTHY AT WORK 10 220.1 certify that (I) soy the deceose	TION DERLYING CAUSE OF DEAT CALEXAMINER) RED (Ihis hospite ed olive on did) (did not)	ONDITIONS CO	Massive DITRIBUTING TO E ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F TO 16 19	Abdom DEATH BUT OPERATIO AY YEAR 19 FARM.ETC) Jan 87. or	inal Carcinom. NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET uary 3 19 87 nd that in (my) (our) opinion of DEGREE ATTENDING	ALOSIS, TE	20b. IF Y IN CER JURY IN ITEM 1 TOWN AFF	(ES, WERE FINDING CAUSES YES COUNTY 6 19 87. 1001 ond from the	NGS USED OF DEATH' NO starting that (i) (we couses state
	Underlying couse PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNIT OR CONTRIBUTING (16 EITHER NOT BY ALL WORK NOT WY ALL	TION DERLYING CAUSE OF DEAT CALEXAMINER) RED (Ihis hospite ed olive on did (did not)	ONDITIONS CO	Massive DITRIBUTING TO E ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F CY 16 19 Ofter death	Abdom DEATH BUT OPERATIO AY YEAR 19 FARM.ETC) Jan 87. or	inal Carcinom. NOT RELATED TO THE TERM N WAS PERFORMED 211 HOW INJURY OCCURY 211 LOCATION STREET WARY 3. 19.87 Ind that in (my) (our) opinion of PHYSICIAN X	ALOSIS, TE	20b. IF Y IN CER 100 TOWN AFF	YES, WERE FINDING CAUSES YES (COUNTY) 6 19 87. IOUR ON FROM the	NGS USED OF DEATH' NO starting that (i) (we couses state
MEDICAL MEDICAL	Underlying couse PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNIT OR CONTRIBUTING (16 EITHER NOT BY ALL WORK NOT WY ALL	TION DERLYING CAUSE OF DEAT CALEXAMINER) RED HILE RE ((Ihis hospite of did) (did not) AME (TYPE OR	IPIN TIME O HOUR A. 21b. TIME O HOUR A. 21c PLACE (AT HOME STR 21c View the body	Massive DITRIBUTING TO E ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY OFFICE, F CY 16 Ofter deoth M.D. 23c. N	Abdom DEATH BUT OPERATIO AY YEAR 19 FARM.ETC) Jan 87or	inal Carcinom. NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURE 211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN X. 226. ADDRESS	ALOSIS, TE	20b. IF Y IN CER 100N YES, WERE FINDING CAUSES YES (COUNTY) 6 19 87. IOUR ON FROM the	NGS USED OF DEATH' NO 1 that (1) (we couses state SIGNED 6/87	

DHMH - 16 60M 7/84 (VRA 15, 4)

		STATI	OF MARYLAND			
1.	FOR STATE			IENE J	02841	
0.	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO	0.	
		n/	AST	20 DATE OF DEATH		
	H/211	beorge 191	nno		1 26 87 605	D M C
1. SF	X A / / 4. F	RACE 5. DATE C		6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 H	
	Male	White Dec	9 1948	38	YRS.	
4	SECRASE DIAME SECRASE DIAME 1991					
<u> </u>		WIDOWE	D DIVORCED			MD.
10. C	ITY OR TOWN OF DEATH					OR
Tol	tchellsuille ?	0000	lane			
USU.	AL RESIDENCE (IF NURSING YOME OR OTH	RER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE / /	7
	110.			2005 HI		16
15 FA		TR A LAST	15. MOTHER'S MAIDEN NAM	AE TODLE	A A LAST)	
1	1201 1	Minno	C/2001	2 ~1	77770	-
16a V	YES, HOOR UNKNOWN) (IF YES, GIVE W		17. INFORMANT	DM ADDRE	1816 10161011	te
	185	160-NZ-8186	MASTICE	1.1111110		91
	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	ne couse per line for (o), (b), and (c).)			BETWEEN ONSET AND DEA	тн
			won any Cers	est -		_
		DUE TO, OR AS A CONSEQUENCE OF	, / -			
		(b) Congestive to	tent tall	ue_		
	couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	. 0	- 0	,	
	underlying coose lost.	10 agriced In	nune clife	my oyn	drone	_
z	PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONI	DITION GIVEN IN PART To	
10						
FICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20e AUTOPSY?		
RTI	ACCIDENT WAS INDEDUNED.	All Thus Of Million	In How have accuse			
0	- I - I - I - I - I - I - I - I - I - I		ZIC HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
ICA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTAR REGIST					
MED				CITY OR TO	WN COUNTY STATE	
_						
DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH REG. NO. DECEASED NAME (1997 OF DEATH A COUNTY OF BRITH) DECEASED NAME (1997 OF DEATH A COUNTY OF BRITH) DECEASED NAME (1997 OF DEATH A COUNTY OF BRITH DECEASED NAME (1997 OF DEATH A COUNTY OF BRITH DECEASED NAME (1997 OF DEATH 11. NAME OF HOSPITAL AURENOS HOME OF HOSPITAL A						
	obove, (1) (we) (did) (did not) vi	ew the body after death.		leath occurred on the do		1
	27b. SIGNATURE	20-00		MEDICAL STAF	/ /	
	Michael	Furtale Voo		DIRECTOR PHYSIC		
				107 114011	10 20021	
	IMICHEAL CP	(CIOLE M)	2117 1 21 1	WH28	10 700 20	

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached far use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, and injury, or PHYSICIAN: 00 IMPORTANT: If Hem 21 is morked or ATTENDING HOSPITAL BP (VRA 15, 4)

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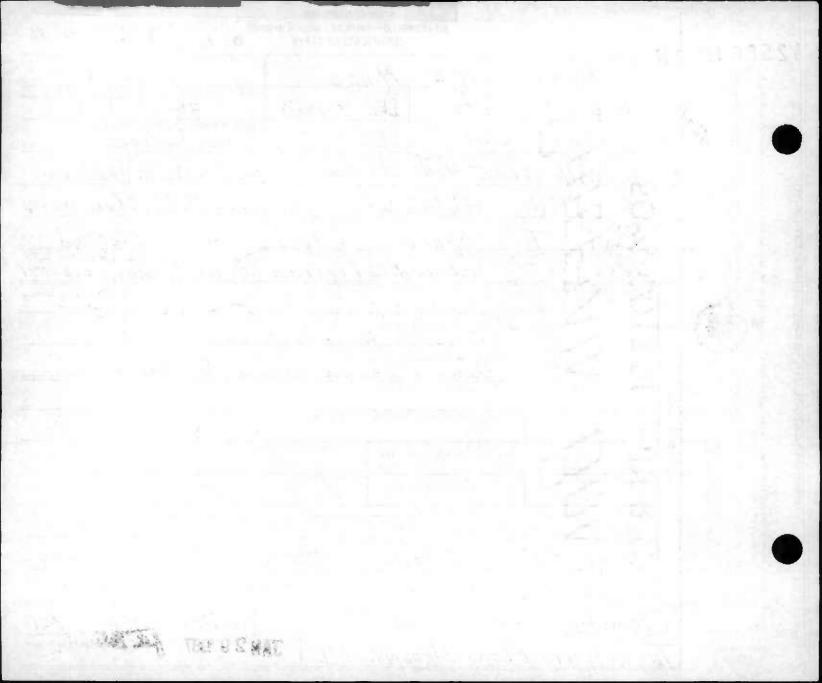
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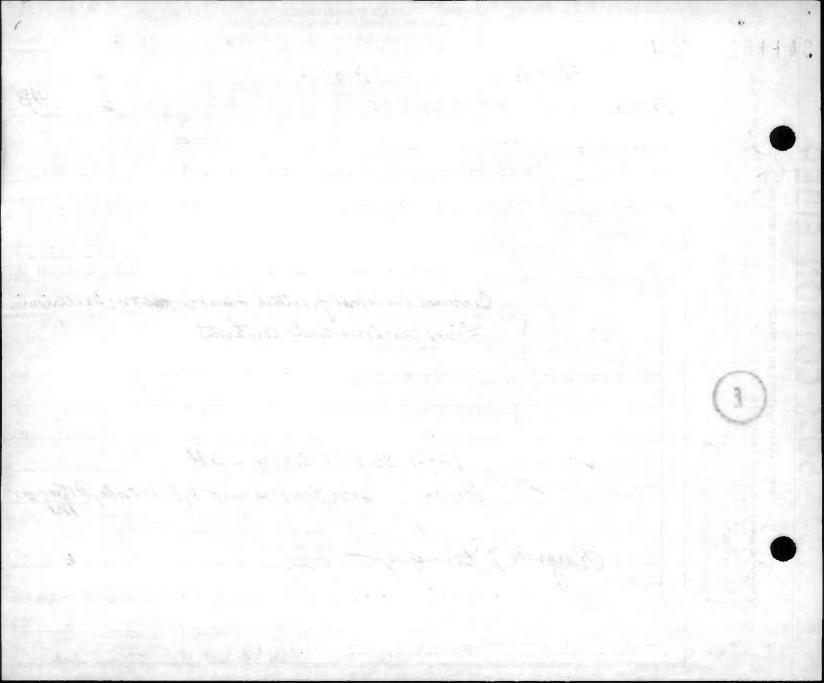
23a. BURIAL, CREMATION

1-29-87 23 NAME OF CEMETERY OF CREMATORY 24 FUNERAL DIRECTOR

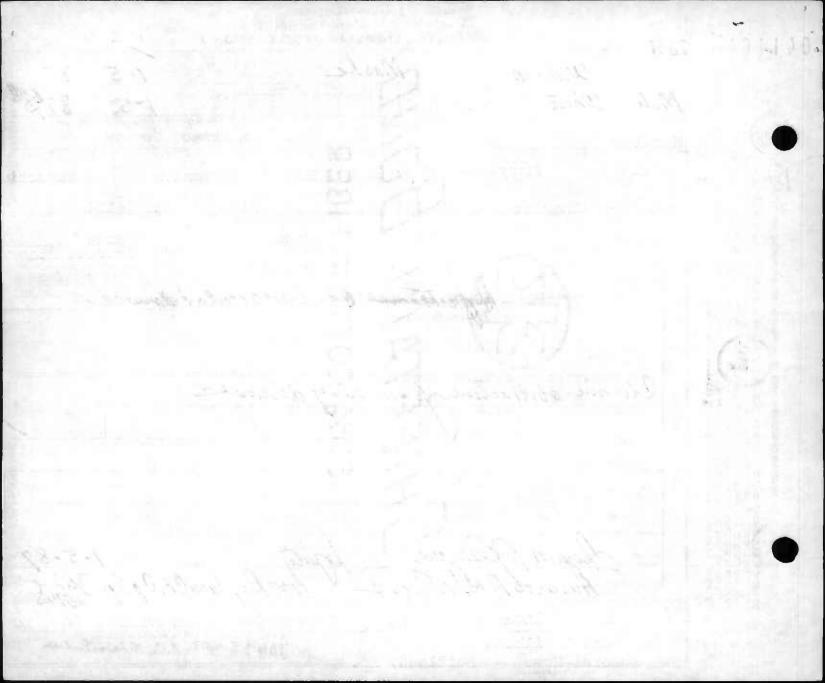
C. PISTOLE MD

DHMH - 16 60M 7/B4





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN LIVEE OR PRINTI ESTI-ERAL DIRECTOR.
OUR FILES.
THIN 72 HOURS
RESTON STREET, DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR I IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 68 yps Tune 1918 DEAD BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George DIVORCED X Maryland USA WIDOWED 10' CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! Clinton Southern Maryland HOSPITAL constructic Carpenter SUAL RESIDENCE (IF IN NURSIN 13e STREET ADDRESS 138 INSIDE CITY LIMITS? Maryland Waldorf Diamond Apts Charles NO #124 H FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William FIRST Maske Irene Kuttz MAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT ADDRESS Bistrict Hts 166 SOCIAL SECURITY NO. YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 6033 Parkland Ct Yes Helen Hicks WWII 577-09-2430 18. CAUSE OF DEATH (Enter only one couse perfine PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. ... DUE TO AVAS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PAGE OTHER SIGNIFICANE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 USED AS A TE, VISON
JRWARDED TO ING.
R: PAGE 3 SHOULD BE USED A
R: STATE DEPARTMENT OF HEA
R: STATE DEPARTMENT OF HEA 18s DATE OF OPERATION 70. AUTOPSYT YES [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE AFTER DEATH, WITH THE S
BACTIMORE, MARYLAND, 22a I certify that I took charge of the remains described above, held an Inspection and in my apinian Undetermined monner THE CERTIFIC SHOULD BE death resulted fram: Notural causes Accident Suicide Homicide ____ TLE (SPECIFY) SIGNATUR 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial 12Jan87 Epiphany Episcopaa Forestville Md 07/84 BP. 25M 24. FUNERALDIRECTOR NAME RObert Julia Troidson Randall E Wilhelmress DHMH - 17 (VR A15 ME (5)) Suitland, Md Home -



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2) 20

DHMH - 16 60M 7/84 (VRA 15, 4) FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ö	REG. NO.	0	2	8	4	cy
				100		

	24	REGISTRAK		-		REG. NO.		
1	(TYPE (CEASED NAME FIRST	MIDE	DIE	AST		DAY YEAR 26 HOUR	15
-	3. 5EX	Maude	K	10	steller	6 AGE (IN YEARS LAST BIRTHOY)	IVUNDER 1 YEAR IF UNDER 24 H	AM
- 1	3. SEX	C 0	4. RACE	5. DATE C	DAY YEAR		MONTHS DAYS HOURS M	AIN.
1	∌a BII	RTHPLACE ASTATE OR FOREIGN	7b. CITIZEN OF WH		4 ay 27, 1903	9 3 YRS	OFDEATH	
7	C	OUNTRY) ,		MARRIE	D NEVER MARRIED	0 . 7		
7		TY OR TOWN OF DEATH		SPITAL, NURSING HOME C	146.2	120 USUAL OCCUPATION	126. KIND OF BUSINESS	MD.
-	C	lintan	PINE USEU	March Ex	fewerd care Contes	(TYPE OF WORK FOR MOST OF WORKING LIF	INDUSTRY N/A	
5	17a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU aryland Prince		C. CITY OR TOWN	YES 👿 NO 🗌	13e.STREET ADDRESS / ZIP CODE 8600 Mike Shap		35
0	14 FA	THER'S NAME Andrew	J.	Heffron	Mary	Catherine	Beach	
No.		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G		577-48-6959	Mary E. Fied	ler 13306 Cold		
	STORY STORY	PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR A	Carsiapu s a consequence of summic 500 s a consequence of pulmon	unmary a Undila C ary Tuber	g discase alssis		
	NOI	PART 2 OTHER SIGNIFICANT Hyperians,	n, Care	TRIBUTING TO DEATH BUT		Parcipe pleuste	ENINPARITIO	,
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO	
,	7.70	2)a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M.		2)c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18. F	'ART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY OFFICE, FARM ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	E
		27a. I certify that (I) (ISC ISC) sow the deceased alive a above, (I) (WO (did) (did) 27b. SIGNATURE	January	1819_87, ar	nd that in (my) (A)(r) apinian of	, to January 18 deoth occurred on the date and hou	19.87 , that (I) (%) ir and from the couses stated	
		M	leura	71!	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/18/87	
		Massoud N		M'D.	3611 Brane	h AVE #467. To	mph Hills. Mc	749
		SURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE	E
	-	Burial	1/20/87		ill Cemetery	Suitland P	.G. Maryland	
		Per P. Kalas	Funeral	6160 Oxon Home Oxon Hi	n Hill Rd 250 DATE	REC'D BY REGISTRAR 25H RECIST	PARSIGNATURE LACE	
- 1								

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MPORTANT: If Item 21 is marked or Item 8 sum.

Burial

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

X	1	- 1
0	REG. NO.	`

1	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	O REG. N	O. (3 4 1	3 4 2
		CEASED NAME ORPRINT)	FIRST		MIDDLE	2//	hershead	2a. DATE OF DEATH	MONTH 1	15 87	2b. HOUR 7:00 A.
П	01		Willia		E.						14/
	3. SEX	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
	Ma	ale	Y	Cauc		M9NTI	7 O'54R	85	YRS.		
3		RTHPLACE (STATE)	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	R COUNT	Y OF DEATH	
4		sh. D.C.		USA	A	WIDOW		Prince Geo	rges		MD.
4	** -	TY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	OR OTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS OR
	Ca	amp Sprin	gs	5503 H	ill way	ADDRESS)		retired	DE WORKING LI	Pair	ter
1	13a. S	ALRESIDENCE (IFN TATE ryland	13b COUN		GIVE RESIDENCE BEFORE 13: CITY OR TOW Camp Spr	admission)	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 5503 Hill	/ ZIP COD . Way	20746	
7	14. FA	THER'S NAME					15 MOTHER'S MAIDEN NA	WE			6.7
1	7	H.	Se	ttle	Mothers	head	Mary	B.		Van	Ness
	16a V	VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDR	ESS		
		res, no or unknown)	(IF YES, GIV	E WAR OR DATES)	578-03-3	393	Lydia R. Sie	gwarth Same	as i		
		18 CAUSE OF DE	ATH (Enter or	ly ane cause per	r line far (a), (b), an	d ICI.I				APPROX BETWEEN	ONSET AND DEATH
	- 1	PART I. DEATH	WAS CAUSE	Ď BY: E CAUSE (¤)			neart failure			9	months
			IMMEDIA								
		C 100 07		DUE TO, O	R AS A CONSEQUI		nitation.				
		Canditions, if a		(p)_	Mitrai	regur	gitation				
		couse (a), sto		DUE TO, O	R AS A CONSEQUI	ence of					
				(c)							
	-	PART 2. OTHER S	IGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	IDITION GI	VEN IN PART 1	(a)
	CERTIFICATION										
7	CAI	19a DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDI	NGS USED S OF DEATH?
	E	. 17		-				YES NO	Y	ES 🗌	NO 🗌
_	8	21a. ACCIDENT WAS	UNDERLYING [WE	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART 1 OR PART 2)	
1		OR CONTRIBUTING	_	WITH THE	.m. MONTH D.	AY YEAR 19					
	MEDICAL	21d. INJURY OCC			OF INJURY		21f LOCATION			COUNTY	STATE
	W.	WHILE NO	T WHILE		REET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY OR T	OWN	COUNTY	STATE
			WORK	-		Apr	13 10 86	Januar	15	87	that (I) (we) last
		220.1 certify that	(1) (this nosp	Dec. 1	he deceased fram_ .9	0.0	nd that in (my) (and apinian	death accurred on the	Inte and ha	ur and from the	
		abave, (II)	(did no	t) view His body	after death.			deam decorred on me c			E SIGNED
		22b. SIGNATURE	Via.	XL & &	ien mi		ATTENDING	MEDICAL STA		ZZC. DATE	ESIGNED
+	1	22d, PHYSICIAN'S	NAME (TYPE	OR FIRM	-		22e. ADDRESS				
				Oetger	M.D.		3611 Branch	Ave. Templ	e Hil	ls, Md.	20748
_	22- 6	BURIAL, CREMATIC		_	<u></u>	NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
	1	Surial, CREMATIC (SPECIFY)	A. REMOVAL	1/17/			ton Nat. Ceme	CITY OR TOWN	land	COUNTY	Md.

Washington Nat.

DHMH - 16 60M 7/84 (VRA 15, 4)

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

Suitland

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.c.s. Zulus 6:60 Cren Mill Wd. oxon Lil, Fd. . E. H. Helli

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	0	2	3	ales .	0
	REG. NO.					

1	FOR - STATE REGISTRAR	,	DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 REG.	10.	0 2	3 4 0
LAE	CEASED NAME FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	ANNA	JOSE	PHINE	MU	LLEN	JANUAR		1987	9:40A M
3. SE		4. RACE		5. DATE O		6 AGE (IN YEARS LAST E	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	emale	Caucas			1 12, 19,00	86	YRS		
70. B	RITHPLACE (STATE OR FOREIGN COUNTRY) assachusetts	U.S.A.	WHAT COUNTRY?	MARRIE WIDOW!	D NEVER MARRIED	I PILITO			MD.
I	anham	Doctors	h Facility, GIVE STREET Hospita	ADDRESS)	Pr. Geo. Co	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewife		LIFE) INDUSTRY	OF BUSINESS OR Home
13a.		LE OR OTHER INSTITUTION DUNTY Lince Geo.	13c. CITY OR TOW Seabroo	N	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 9739 Good	/ ZIP COE	Rd. #5	20706
	ATHER'S NAME homas	WIDDLE	Coffey		15. MOTHER'S MAIDEN N Bridge	MIDDLE	(u	ınavaila	ible)
		ARMED FORCES?	166 SOCIAL SECU			16 East Ft Par			
N	0		579-28-6	621	Elizabeth A	. Lopez, Glo	en Dal	Le, Md.	20769
	PART 2. OTHER SIGNIFICAL PART 2. OTHER SIGNIFICAL PART 2. OTHER SIGNIFICAL PART 2. OTHER SIGNIFICAL PART 2. OTHER SIGNIFICAL	DIATE CAUSE (6) M DUE TO, C (b) A DUE TO, C	ASSIVE MACONSEQUE THE TOST AS A CONSEQUE ON AS A CONSEQUE ON THE TOST	endial ENCE OF Lic cal ENCE OF EXEMBLE	lcification & or	ry.			MMAIE INTERVAL ONSET AND DEATH
CERTIFICATION	190 DATE OF OPERATION			V	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	ES, WERE FINDI	NGS USED S OF DEATH?
MEDICAL CERT	2]a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A	M, MONTH DA	AY YEAR	21c HOW INJURY OCCU	YES NO		PART I OR PART 2)	но 🗌
WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	21f LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
L	220 I certify that (I) (this he	. / .		12	131 1986			1987	that (I) (we) last
	sow the deceosed olive obove, (I) (we) (did) (did 27b. SIGNATURE		ofter death.	, , ,	nd that in (my) (our) apinio DEGREE ATTENDING PHYSICIAN		AFF		SIGNED
	M. A. Nanded				22e ADDRESS Doctors' Ho				
23a.	BURIAL CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	idili F	iar y rand	
В	urial	1-5-8			Heaven Cem.	Silver	Spring	Mont.	, Md.
	RANCI® GASCH'S 739 Baltimore			E, P. , Mar	TT.	AN 131087	R 25b. REGIS	-	TURE
							400		

DHMH - 16 60M 7/B4 (VRA 15, 4)

the burial-tronsit per and Mentol Hygiene

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

MPORTANT: If them 21 is morked or Item 18 shu

Parameter and the contract of

arressal labam arbada

The decident and relative statements

Charles Services Internal Property

VIBER S. D. MAL

the medical

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STATE OF MARYLAND

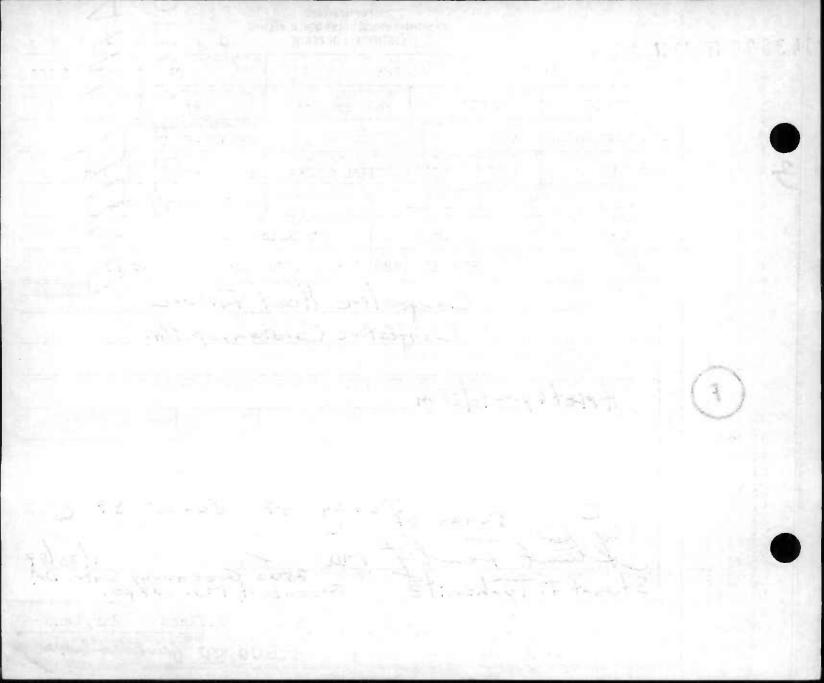
1		FOR STATE PREGISTRAR	DEP		EALTH AND MENTAL HYGIE ICATE OF DEATH	NE 8 d	0	2 8	di	1
-	1. DE	CEASED NAME FIRST	RMA Z.	MURPHY	AST		MONTH DAY	YEAR 87	26 HOUR I:10/	١.,
	3. SE)	FEMALE	4. RACE WHITE	5. DATE C		AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HE HOURS MI	
5	We?	RTHPLACE (STATE OR FOREIGN StryVirginia	USA	MARRIE WIDOWE	DEVER MARRIED DIVORCED DIVORCED	PRINCE GEO		FDEATH		MD.
1	C	TY OR TOWN OF DEATH	PRINCE GEORGE	S HOSP		26 USUAL OCCUPATE LTYPE OF WORK FOR MOSTO HOUSEWIF		126. KIND O INDUSTRY HOT	F BUSINESS (OR
}	13a. S	AL RESIDENCE (IF NURSING HOME OF ATTAIL 136 COU	ROTHER INSTITUTION GIVE RESIDENCE NITY OR HITTS		13d. INSIDE CITY LIMITS? 1	4867 APRES	in Str	reet	074	3
)	14. FA	THER'S NAME Edward	Edwar Edwar	ds	Nother's maiden name			LAST		
	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL 579 4	SECURITY NO. 0 4429	James L Mur	phy Sai	me as	#9		
	TION	HPPOT	yroidis.	EQUENCE OF	NOT RELATED TO THE TERMIN					
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [Ü
	MEDICAL CE	276 SIGNATURE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	19 EFICE, FARM, ETC.)	211. LOCATION STREET 211. LOCATION STREET 19. 87 and that ir (my) (aur) apinion decorate DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 25e. 4 Dec. 4 D	oth occurred on the do	NN 19.	nd from the care and from the	SIGNED / 25 8	ost 7
	23a B	SURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b DATE 29Jan1987		emetery or crematory gton Nat'l	Süitla		°Mary	land™	

DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is morked or Item 18 p

24 FUNERAL DIRECTROBERT E
NAME
Suitland Wilhelm Funeral Home Marylands FEB 05 1987, Julia Dienker Kandus

(VRA 15, 4)



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	REG.	NO.	0	2	ರ	é,	8
05	DEATH	ALCONITA:	DAN	MEAL	0 01	110110	

	1 -	FOR STATE REGISTRAR	DEI		IEALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 REG. NO.	0 2 8	4, 8
and desired	DOEK	CEASED NAME FIRST	MIDDLE J.		MURRAY	20. DATE OF DEATH MONTH	1-02-87	2 : 45PM
	3 SEX	X	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
		MALE	WHITE	APR	. 13, 1937		RS.	
7	C	RTHPLACE (STATE OR FOREIGN COUNTRY) VASH. D.C.	76. CITIZEN OF WHAT COU	MARRIE WIDOW	D L NEVER MARRIED L	PRINCE GEORG	E'S COUNT	MD.
1	C	TY OR TOWN OF DEATH HEVERLY	PRINCECH GEORGE	ERES PRIOSE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) AUDIO TECHNIC	ING LIFE) INDUSTRY	BUSINESS OR ER
		AL RESIDENCE (IF NURSING HOME CONTATE 136 COU	NTY 13c. CITY OI		134. INSIDE CITY LIMITS? YES MO	13e.STREET ADDRESS / ZIP C 2202 QUEENS	CHAPEL RD	20782
1	14. FA	THER'S NAME	MIDDIE LA	ST	15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	TZAI	
1		JOHN	J. MUR	RAY	MARGARET		McCADE	
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRESS		
		NO	579-4	6-3187	CAROLE MOREI	AND (SAME	AS ITEM	1 #13)
2	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART OF OFFER SIGNIFICANT THE DATE OF OPERATION	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 196. CONDITION FOR V	G TO DEATH BUT	NOT RELATED TO THE TERMIN	200 AUTOPSY? 206. I	EYES, WERE FINDING	OF DEATH?
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN) 71d. INJURY OCCURRED		H DAY YEAR 19	21c HOW INJURY OCCURRE	YES NO	YES	NO []
	WEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	OFFICE, FARM ETC	STREET	CITY OF TOWN	COUNTY	STATE
		22s.1 certify that (I) (this hold haw the discensed offer o oboys, (b/ws) (did Ndid a 27h SIGNATURE	117/4	1-11	nd that in m) (aur) apinian di	eath accurred on the date and		
		Kolino,	tudec	nan	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/	87
		ROBERT RUDE			22e. ADDRESS 6510 K RIVERD	ENILWORTH AVE DALE, MD. 2073	SUITE 21	.00
	23a. B	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		CREMATION	1-5-1987	CHAMBE	RS CREMATORY	RIVERDALE,	P.G.C.	Md.

RIVERDALE, Md. 20737,

DHMH - 16 60M 7/B4 (VRA 15, 4)

CHAMBERS CO.

312111 773040

STATE OF MARYLAND

Į	1	FOR STATE		DEPART	MENT OF F	HEALTH AND MENTAL HYG	IENE			
		REGISTRAR			CERTIF	FICATE OF DEATH	O REC	. NO.	1 2 5	6, 7
-		CEASED NAME FIRST		MIDDLE		LAST	26 DATE OF DEAT	H MONTH	DAY TEAR 26.	HOUR
-	21	MORK MORK	215	L. A	ACM	IMSON		1/	10/87	45 M
	3. SEX	(4. RACE		5. DATE (6. AGE (IN YEARS LAS	T BIRTHDAY		INDER 24 HRS
		MALE	WHIT	re	De		66	YRS.	MONTHS DAYS HO	URS MIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CIT		TY OF DEATH	
		ew York	U.S.A.		WIDOW		PRINC	€ 600	OP-GES	MD
	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUP	PATION	126. KIND OF BU	
	20	LINTON /	STI NOT IN SHE	CHEACILITY, GIVE STREET	ADDRESS	TR.	Mail Car	rier.	U.S. POS	उप Оमम
ě	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION			A TALL DE CITY LIVE CO.				51 011
4		.4	rfax	Falls Ch		13d. INSIDE CITY LIMITS?	13e.STREET ADDRE			949
		THER'S NAME			idi Cil	15. MOTHER'S MAIDEN NAM	ME		11	1 11
-	ZAZ	oraham Nachimson	MIDDLE	LAST		Mamie Ossipov	MIDDI	Ē	LAS1	
-	16a. W	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECL	JRITY NO.	Vivian Crowle	Dough AD	DRESS		
	Ye		E WAR OR DATES)	125-09-2	765	8004 Chanute	Dlaugnie	II a Cr	ATT dogs	
		18 CAUSE OF DEATH (Enter on	ly one course ne	1207 07 0	-107	10004 Chanute	riace, re	112 01	APPROXIMATE BETWEEN ONSET	INTERVAL
		PART I. DEATH WAS CAUSE	D BY:	(orde	AL	ARREST			BETWEEN ONSE	AND DEATH
		IMMEDIAI	E CAUSE (o)						4	7
		Canditions, if any, which	DUE TO, C	R AS A CONSEOU	SIS -	1				
		gave rise to immediate cause (a), stating the	10)_	DAGA CONSTOLL	ENICE OF		012	11		
		underlying cause last.	DUE TO, O	R AS A CONSEOU		- of Kenal	/ milwo	9		
		PART 2 OTHER SIGNIFICANT,	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE LERMI			IVEN IN PART A	7
	N O	nark	NSON 1	(SW) \$	Selu	trophenio-	- 1)119	biles	the Ellips	NO.
-	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDINGS	
	TIE						YES NO	_ 1	TIFYING CAUSES OF E	O [
0	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH D	AV VEAD	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DEA		.M.	19					
	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, I		211 LOCATION	CITY O	RIOWN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	(ATTIOME, ST	REET, PACTORT, OFFICE, I	ARM, EIC J	,				
1		22a. I certify that (1) (this haspi			1/2/	, 19_\$7		10	19.87 that	(I) (we) last
		saw the deceased alive an abave, (1) (we) (did) (did no		ofter death.	87,0	nd that in (my) (our) apinion o	death occurred on th	e date and ho	our and from the caus	es stated
		226. SIGNATURE	11.11			DEGREE			220 DATE SIGN	VED
		u	CALL	ter	7	PHYSICIAN IN	MEDICAL S	STAFF SICIAN [1/10/	87
		22d PHYSICIAN'S NAME (TYPE C				22e ADDRESS	11112	110	Xon / fill	und
		MARK	H. P	16 LOR		61880400	v Hull K		XON / VILL	PULL.
7	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION	,	POUNTS	STATE
		irial	Jan.1	5,'87 Ca	lvert	on Natl.Cemete	-		New York	STAIL
		INERAL DIRECTOR		ADDRESS		250 DATE	REC'D. BY REGISTE	AR 251 REGIS	STERNS SIGNATURE	Luch
	M	ONEY & KING VIE	NNA FUN	ERAL HOME	, VIE	NNA, VA JA	MIABO	0		

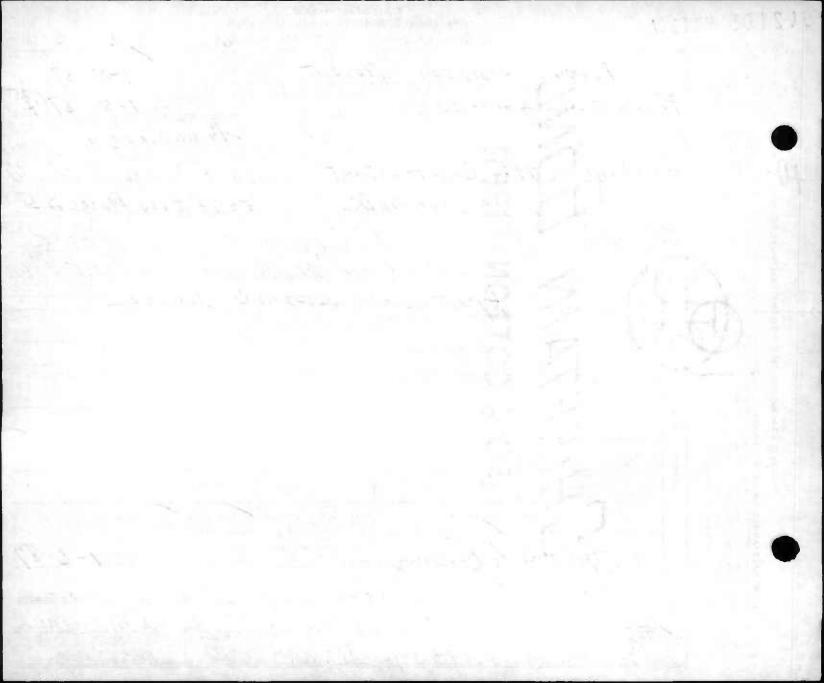
MPORTANT: If Item 21 is marked or Item

DHMH - 16 60M 7/84 (VRA 15, 4)

Andrew Color of Land

(7)

012	105 JAN	ha			OF MARYLAND				
0 4 2	105 JAN	41	OR TATE		OF HEALTH AND MENTAL HYGIENE				
			REGISTRAR	MEDICAL EXAMINE	R'S CERTIFICATE OF		. 6 3 4		
		1. DE	EASED NAME FIRST	MIDDLE	AL LAST	20 DATE KNOWN MONTH	DAY YEAR 25 HOUR		
	38 55 58 F.	,	hillian V	lackson 1	respilt	OF ESTI-	-5 1987 M		
	ROE E	3. SE)	4. RACE 5. DATE OF	BIRTH 6. AGE (IN YEARS		HRS. 2c DATE MONTH	DAY YEAR 24 HOUR		
	N S H	F	mile Black 4-1	9-20 6 yrs.	MONTHS DAYS HOURS MI	PRONOUNCED DEAD	5 87/10		
	NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET.	4-2×. B1	TUPLACE IMANUER 76 CITIZEN			9 BALTIMORE CITY OR COUNT	TY OF DEATH		
	CES SA FEE	10	10099911 NV 10 16	1151	MARRIED NEVER MARRIED	Benaca (Sea	- TOP DEATH		
	S NECESSARY, PLES FUNERAL DIRECTIC 5 FOR YOUR FILE D, WITHIN 72 HOL MESTON STRE	14	oficiaria, 14.		WIDOWED DIVORCED	F PINCE. GROU	MD.		
.0	은 뿌병 딸	1	I IENOT IN	OF HOSPITAL, NURSING HOME, (SUCH FACASTY, GIVE STREET, ADDRESS)	OR OTHER INSTITUTION	LUSTIAL OCCUPATION (TYPE OF WORK	OR INDUSTRY		
111	DELAY STOTE SDE FIL	10	an ham 1 7.406	o Grant a	MIRT	Tout Currely	Federal Set		
5	ND 3 TEAIN OULD B	VUSUA 130. S	L RESIDENCE (IF IN NU THE HE OR OTHER INSTITU ATE	TION, GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS	STREET ADDRESS	94999		
212	A A A A A A A		-	Washnigson	YES NO IN	55-13 Bass Pl	ace SB		
8	75 S 37	14.5/	THER'S NAME	11/1	15. MOTHER'S MAIDEN N	NAME	A		
m)	IRS AFTER DEATH I. GIVE PAGES 1. WITH FORM PM I. PAGES 1 AND 2 DIVISION OF WITH	1%	Illusm H.	MIRRAD	w Mish	A D	Jouls		
O _X	NO NO NO NO NO NO NO NO NO NO NO NO NO N	16a. V	AS DECEASED EVER IN U.S. ARMED FORCES	? Job. SOCIAL SECURITY	NO. 17. INTORMANTAL	ADDRESS	al danher		
BALTIMORE	S AFTER GIVE PA ITH FOI PAGES	("	S, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	1578 225	296 the will	WHILL GANG M	west It Min		
	WITH WITH DIVISION		18. CAUSE OF DEATH (Enter only one cause p	tion for (a) (b) and (a)	12400000	111000	APPROXIMATE INTERVAL		
ST.	OF OWN		PART I DEATH WAS CAUSED BY:		Cardiovase	led dine is	BETWEEN ONSET AND DEATH		
PRESTON	250682		IMMEDIATE CAUSE	R AS A CONSEQUENCE OF		a and			
EST	三五代 2 38		Conditions, if any, which	K AS A CONSEQUENCE OF					
	EDESZ#	13	gave rise to immediate (b)						
201 W.	E PER PER PER PER PER PER PER PER PER PE		lying cause lost.	O, OR AS A CONSEQUENCE OF					
	5-0200	4	(c)						
RECORDS	AABE SE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	OEATH BUT NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN IN PART I	0.			
8	ULD BE EXE "PENDING EF MEDICAS ED AS BU HEALTH A	CERTIFICATION							
2	SE SE SE SE SE SE SE SE SE SE SE SE SE S	18	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERAT	TION WAS PERFORMED?		20 AUTOPSY?		
VITAL	00=500	E					YES NO P		
OF V	CERTIFICATE SH SITING THE WOR DED TO THE CR E 3 SHOULD BE US DEPARTMENT OF	1 2		IME OF INJURY	21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA			
2	PEC OULT			JR A.M. MONTH DAY YEAR					
S	SHOOT	MEDICAL	CONTRIBUTING CAUSE OF DEATH	P.M. 19 PLACE OF INJURY (ATHOME,	21f LOCATION				
DIVISION	HIS CERT WRITING ARDED 1 (GE 3 SH VIE DEPA	ME	WHILE NOT WHILE T	EET, FACTORY, FARM, ETC.	STREET	CITY OR TOWN CO	UNTY STATE		
	WR WR WARE		AT WORK AT WORK						
	A TES		22s I certify that I taak charge of the rema	ins described obave, held an	Autopsy , Inspection	Inquiry . and in my or	pinion		
	ECERTIFICATE DUE BE FOR TOUR BE FOR TOUR WITH THE S MARYLAND,		death resulted from: Natural causes	Accident , Suicie	de . Hamicide . U	Indetermined monner .			
	REENT AND BENE		1	00	TITLE (SPECIFY)				
	MEDICAL EXAMINATION OF THE CERTIFIC CERTIFIC CERTIFIC CERTIFIC CERTIFIC CERTIFIC CERTIFICATION OF CERTIFICAT		ACTUAL SIGNATURE THEIGHTO Y	Melerus -	Deputy	DATE	1-6-87		
	ZERETE V	b		MA		MEDICAL EXAMINER SIGNE	:D -		
	TO MEDIC ECCUTE FGE 4 S FOR 1 FUNE TER DE		EXAMINER'S NAME Augusto P	Rodriguez, M.I). Appres 5009 Ray	burn Ct , Temple	Hills, MD		
	PATO PATO	230 BI	RIAL, CRIMATION REMOVAL 236, DATE	In HAME OF CENT	TERV OR CREMATORY	THE ATION	11110, 110		
alla	1669		ECENDINA O GUA	187 House	Will Moun Par	Morrows / An O. 1 W	16.102.1		
25M	1814	24 FI	NERAL DIRECTOR	V- / MOUNT	1250. DATE REC	D. BY REGISTRAR 1236. REGISTRAR'S S	GNATURE		
	DHAM - 17	1	Vine 6 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDRESS 1/1/2 1/	ILAU LEASE O	D. D. REGISTRAR	10 2 20		
	(VR A15 ME (5))	1	They processed	c. 1402 you	NALVULJANZ	 BiOda Chilio digition 	DO COMPANDA		
					-	and the same of th			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20 DATE OF DEATH MONTH (TYPE OR PRINT) poge 3 Ingrid C. Nicholas 4. RACE 5. DATE OF BIRTH MONTH Female Black 9/23/47 BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Penn. U.S. A. WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS SOUTHERN CLINTON Md. HUSPITAL MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME-OR, OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Temple Hill 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Samuel Carter Julia Ford 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 204-38 2769 None Miss Arnette Carter, 18. CAUSE OF DEATH (Enter only one cause per line for la) (b), and ici. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IQ Conditions, if ony, which gove rise to immediate couse (a), stating the

01/14/87 & AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Prince George's 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) | INDUSTRY Supply Cont. Spec 13e.STREET ADDRESS / ZIP CODE 4704 23rd Parkway LAST ADDRESS APPROXIMATE INTERVA DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 RART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive an obove, in (we) faid faid not view the bady after death , and that in (my) (our) opinian death occurred on the date and have and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

should be der with the Stote IMPORTANT:

RECORDS.

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR

1/20/87

23b. DATE

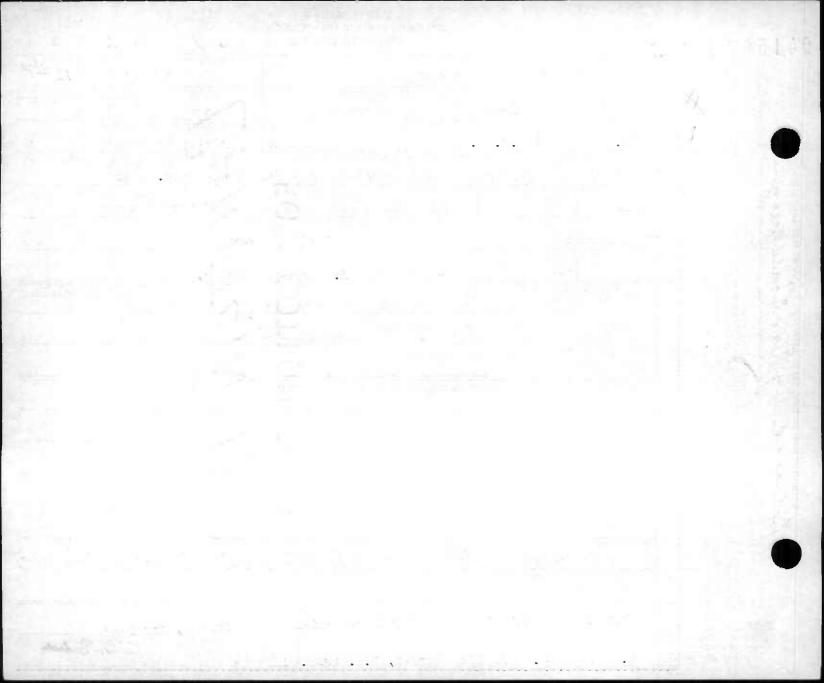
JOHN T. RHINES CO. 3015 12th Street, N.E. Wash.

23¢ NAME OF CEMETERY OR CREMATORY Lincoln Memorial

23d. LOCATION CITY OF TOWN Suitland

26 HOUR

Maruland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNALIRE



medica

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IMPORTANT: If Irem 21 is marked or Irem.

	_	
STATE	OF MA	RYLAND

				JIAI	E UT MAKILAND					
FOR STATE REGISTRAR			DEPARTI		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	REG. N	o. O	2 8	5 5 2
1. DECEASED NAME	FIRST	/	AIDDLE		LAST	20 DATE OF	DEATH	нтиом	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	JOSEPH	HE:	RMAN	NIEBI	ERDING	JANUA	RY	5	1987	6:40A
3 SEX		4. RACE		5. DATE		6 AGE INY	EARS LAST BIR	THDAY)	IF UNDER 1 YE	
Male		Caucasi	an	July	7 19, 1905 YEAR	81		YRS	MONTHS DAY	S HOURS MIN.
To. BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D MEVER MARRIED	9. BALTIMO	RE CITY C		TY OF DEATH	
Maryland		U.S.A.		WIDOW		Pri	nce (Georg	e's	M
10. CITY OR TOWN OF	DEATH	11. NAME OF		IG HOME	OR OTHER INSTITUTION	12a USUAL				OF BUSINESS OR
Lanham		Doctors	Hospita Hospita	al of	Pr. Geo. Co.				tor Uni	ited Pres
USUAL RESIDENCE (# 130 STATE Maryland	13b. COU	VTY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	13e.STREET / 4902 W				20784
14. FATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME	WIDDIE			LAST
Bernhard		1	Nieberdin	12	Elizabeth		A	mrha		
160. WAS DECEASED ET		MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRI			
No	(IF TES, GI	E WAR OR DATES	577-03-5	958	Rose Mary Nie	berdin	g S	ame	as Abov	re
	H WAS CAUSE		line for (a), (b), an	Res	makey Pail	luce.	Acute	Psyc	BETWE Suc y	Oximate Interval en onset and death
Conditions, if gove rise to couse (a), si underlying co	immediate lating the	(b)	AS A CONSEQUI	y au	Ley dreas	- feut	of Cu	ahee	marky	3189
	SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CON	DITION G	IVEN IN PART	110.
190 DATE OF OPI	ERATION	19b. CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTO	DPSY?	IN CERT	ES, WERE FINITIFYING CAUS	DINGS USED SES OF DEATH?
W ACCIDENT WAS	UNIDERLYING F	TALL TIME O	VOLULAL		11. HOW BUILDY OCCUP	250 /		_		

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. LIF EITHER, NOTIFY MEDICAL EXAMINER)

211 LOCATION

21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (I) (this haspital) attended the deceased from

above, (1) (we) (did) (did not) view the body after death

CITY OR TOWN COUNTY STATE STREET and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated

22d. PHYSICIAN'S NAME

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 22e. ADDRESS

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

THE SIGNATURE

CERTIFICATION

> 23c NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

DEGREE

23d. LOCATION

22c. DATE SIGNED

1/8/87 Burial

sow the deceased alive an

20781

4410

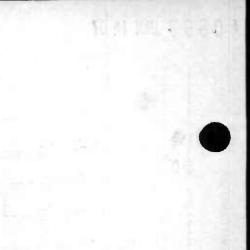
Prince George's Brentwood 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL

Trumcise Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md.

23b. DATE



Total of the second of the sec

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the deoth

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physicion

campletely filled in by the funeral directar, page 3 Land 2 should be filed within 72 hours ofter death

141163 JAN 2018 POR PREGISTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	7	0	2	8	3	
	REG. NO.					

REGIST	RAR			CEKIII	ICATE OF	DEATH		REG. NO	D.		
1. DECEASED (TYPE OR PRINT)	Anne		E.	Noi	cair		Januar	EATH		DAY YEAR	9:53 P
3. SEX Fe	male	4. RACE Wh	ite	S. DATE C	F BIRTH	1901	6. AGE (IN YEAR	RS LAST BIR		IF UNDER 1 YEA	
Penn	E (STATE OR FOREIGN	USZ		MARRIE	DX D	MARRIED [of DEATH	WE
Land		8:509 suc	HOSPITAL, NURSIN	W DREROS	or other ins	MOITUTIT	House	CUPATI W 101 6	ON Working Lif	12b. KIND INDUSTRY HO	of BUSINESS OR
Maryla Maryla		George	134_CITY OR TOW Landov	/N	13d INSIDE (NO 🗌		ORESS HIL	ZIP CODE Iviev	w Roa	20786
No a		WIDDLE	Speicher			ary		MIDDIE		Burkh	
160 WAS DEC	EASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES	578 05		Rose		Jaskiew	icz	per 1 1430	Marlbo Marlbor	oro, Md pe Lane
18 CAU PAR	SE OF DEATH (Enter	only one couse per SED 8Y: IATE CAUSE (0)	line for 101, (b), and	0	arrest	_				BETWEE	XIMATÉ INTERVAL N ONSET AND DEATH
NO L	OTHER SIGNIFICAN		ONTRIBUTING TO D		0		20a AUTOP		20b. IF YES	, WERE FIND	
OR CON	REBUTING CAUSE OF E ER NOTIFY MEDICAL EXAMIN	DEATH	M. MONTH DA	AY YEAR	21c. HOW IN		RRED (ENTERNATUI	RE OF INJUR	Y IN ITEM 18 P	ART 1 OR PART 2)	
MHILE AT WORK	NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE F		STREE			CITY OR TO	G	COUNTY	STATE
270 I ce	rtify that (I) (the base the deceased alive i	pital) attended the	ru 3 198		d that in my	19 19 19	death accurred	anua		r and from th	, that (I) (ve) lost e couses stated
	the deceased alive ive, (I) (we) (i.d.) (did	not) view the body	of er death.					on the de	revana nou		
22b. SIG	(Sasul	Smo	of er death.		DEGREE 1.0	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F		IO 87
22b. SIG	SICIAN'S NAME (TYP	Smo	0.	n	220 ADDRES	ATTENDING PHYSICIAN SS Centra	MEDICAL DIRECTOR DAW,	STAF PHYSIC	F IAN []	27c. DA	10/87
22d PHY 22d PHY 23o. BURIAL, C	SICIAN'S NAME (TYP	Sch M. 23b. DATE 12Jar	0. n1987 Ce	NAME OF C	220 ADDRES 8700 EMETERY OR Hill	ATTENDING PHYSICIAN SS Central CREMATORY Cemeta	MEDICAL DIRECTOR DAW,	Lan ON 1000 1tl	dover	27c. DA	10/87 20785

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been is should be detoched for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

and from the telephone

0424	119	1-	FOR STATE				MENT OF	HEALTH	ARYLAND AND MEN	ITAL HYGI					
470 1	11 20 00		REGISTRAR	FIRST	M	EDICAL I	EXAMIN		ERTIFICA	ATE OF D	-	REG N	1 2	g :	
3 3 3 A	N 30 87		CEASED NAME E OR PRINT)	Steph	en	E.			sel		OF	ESTI- MATED	Jan	26 ₁₉ 8	37 Zb. HOUR
PLEASE ECTOR.	HOU	3. SEX	4 RA	CE	5. DATE OF BIRT	H Y YEAR	6. AGE (IN YE			UNDER 24 HE	PRONOU		MONTH	DAY Y	11:26
PRY, DIR,	0.20 0.20	Ma.			Aug. 15	, 1917	69	1110	. DAIS	Mile.	DEAL		Jan		a.M
ESS	SEE S	7a BI FO	RTHPLACE (STATE OF REIGN COUNTRY)		76 CITIZEN OF	WHAT COUN	TRY?	8. MARRI	ED X NEVER	R MARRIED		AORE CITY C			Н
IS NECESSARY.	v .≯ —		insylvania		U.S			WIDOW		DIVORCED [ice Geo			MD
DELAY IS	PAGE SE FILED SS 201	Ca	mp Spring	s	MALCOLM	GROW 1	USAF M	EDICA			USUAL OCCU FOR MOST OF WO Miner-	RKING LIFE)		OR IND	
21201 F ANY D	WITH FORM PAGE 5 FOR YOUR FILES. T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS DIVISION OF WITH RECORDS 201 W. PRESTON STREET,	13a. S	L RESIDENCE IF IN A TATE Yland	136 COUNT	other institution Y George 1	13c. CITY	BEFORE ADMISSI OR TOWN		13d. INSIDE CITY I		STREET ADDR		ark St	20	743
MD.	M 3.	14. FA	THER'S NAME FIRST		MIDDLE		LAST		15. MOTHER'S	S MAIDEN NA	ME	MIDDLE		LAST	
DEA' GES	2360		John				Nose:	L	Mar	-y				Yurko	
BALTIMORE S AFTER DEA GIVE PAGES	SES TO NO	160 V	AS DECEASED EVE	I (IF YES, GIVE W	AR OR DATES)		IAL SECURIT		17 INFORMAI			ADDŖESS			
S AF	WITH IIT. PAG DIVISI		NO 18 CAUSE OF DEA	N/I			-07-459	94	Florer	nce M.	Nosel	same	as 13		E IMATE INTERVAL
RECÓRRO TO W RESTON LD BE EXE UTFO WILL OF A PRINCIPLY IN 18A	AS A BUON TO SIT PERMIT ALLA A SA BUONG YAS A BUONG YAS A BUONG YAS A BUONG YAS A SIT PERMIT A S	Z	Conditions, if gave rise to cause (a) stotin lying couse las	immediate ng the <u>under-</u> t.	(b)	OR AS A CON	SEOUENCE (OF	DR CONDITION GI	IVEN IN PART 1 Io					
	CHIEF MEDIC USED AS A E OF HEALTH , RIAL, CREW	ATIO	LINDINY:	sema, m		DITION FOR Y	WHICH OPER	RATION W	AS PERFORME	D?				20 AUTO	PSV2
VITAL RE SHOULD ORD "PF	SI HEF	FIC	1.5											YES [
IVISION OF VITAL CERTIFICATE SHOUTING THE WORD."	MENT TO BU	CAL CERTIFICATION	210 EXTERNAL CAL UNDERLYING CONTRIBUTING			OF INJURY M. MONTH	DAY YEAR	21c. HC	OW INJURY O	CCURRED IEN	TER NATURE OF IN	IJURY IN ITEM 18 I	PART OR PAR		LYON
DIVISION THIS CERTIFIC	RWARDED TO RPAGE 3 SHOU STATE DEPART 7, 21201 PRIOR	MEDICAL	21d INJURY OCCU WHILE NO AT WORK AT	PPED	21e PLAC	E OF INJURY ACTORY, FARM, ET			TREET		CITY OR TO	IWN	cou	NTY	STATE
TO MEDICAL EXAMINER: THE EXAMINER: THE	PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFFER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2		220. I certify that death resulted from ACTUAL SIGNATUR EXAMINER'S NAMI (TYPE OR PRINT)	t I took chorge m: Naturo Augus	of the remains of all causes	Accident	ez, M.		Homicide TITLE (SPEC D. Deput	CIFY) N O Rayb		onner .		inian 1/27/ ills,	/1987 MD
		230.81	remation, remation,		an. 28,				R CREMATORY	234	Clinto	n Drin	COUNT		STATE
07/84 BP				Too Eve	noral II	70 / LE	e crer	lator	Y [25a	DATE REOD	Clinto	R 251/REGI	STRARSSI	GNATO	S, IND
DF (VR)	HMH - 16633	01	ineral director damalexand	er Feri	ry Rd.	Clinto	n, MD	2073	5	DMI.	- 3 130	Succession	~ Minne	Acher Ken	death.

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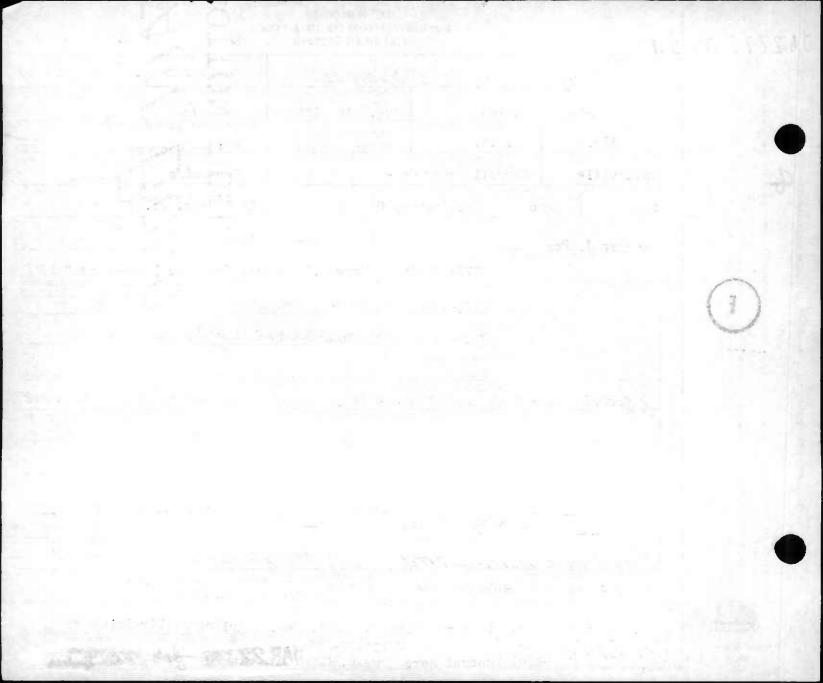
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STATE OF MARYLAND

8	REG. N	10.	2	8	5	
	FDEATH	MONTH	DAY	YEAR	2b. HO	UR

FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0 2	8 5 5				
1. DECEASED NAME	MARY	M. C	D'Don	NELL	JANUA	MONTH DAY THE SEA	7 155				
	male	White CITIZEN OF WHAT COUNTRY	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	AYS HOURS MIN				
COUNTRY) A1		U.S.A.	MARRIEI	D NEVER MARRIED DIVORCED	Prince	_	Λ.				
10. CITY OR TOWN O	11e	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREI Carroll Manor	Home	OR OTHER INSTITUTION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWIL	ON 126 KIN EWORKING LIFE) INDUST	DOF BUSINESS C TRY Home				
USUAL RESIDENCE (III 130. STATE NONE	BL COUNTY		WN I	136. INSIDE CITY LIMITS?	13. SIREET ADDRESS Mass		9999				
14. FATHER'S NAME FIRST Robert	_	DDLE LAST		15 MOTHER'S MAIDEN NAME FIRST Mary N	Neison MIDDLE		LAST				
16a WAS DECEASED I (YES, NO OR UNKNOW NO	EVER IN U.S. ARME			Mary E.O'Dont	addre nell (Daught		as # 13				
18 CAUSE OF I PART I. DEA	DEATH (Enter only of TH WAS CAUSED B			EHEART FAIL	URE	BETW	PROXIMATE INTERVAL EEN ONSET AND DEAT				
Conditions, if	ony, which	CAGOL (O)		CARDIORENAL	ASCALABOISE	ASE YE	mes				
	stoting the couse last	DUE TO, OR AS A CONSEOU		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	1 1/0				
	RAL ISOM	MIA & SANCE.	DEMEN	THE COMPLETE	DISMURTED	RIGHT HIP	FRATTIK				
NO CERESI	PRATION	148 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES [ISES OF DEATH?				
	AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)				
OR CONTRIBUTING (IF EITHER, NOTIF) 21d. INJURY OC WHILE AT WORK	IOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE				
obove, (I) (-el-(did not) v	view the body after death.	DEGREE 222. DATE SIG								
obove, (1) (1) 22b. SIGNATUR	E amel	Achreiditt	190		MEDICAL STAI	F _ //	ATE SIGNED				
obove, (1) (1) 22b. SIGNATUR	E AMALO I'S NAME (TYPE OR PR	Achreiditt	110	ATTENDING	MEDICAL STAIN DIRECTOR PHYSIC	F _ //	ATE SIGNED				
obove, (1) (1) 22b. SIGNATUR	E MARL I'S NAME (TYPE OR PR - ANNE	ACHARIAITH SCHNEDER MI	110	ATTENDING PHYSICIAN P	PRICE DIRECTOR DIPHYSIC	DIAN U.	14/87				
obove, (I) (22b. SIGNATUR 22d. PHYSICIAN APPLIA 23d. BURIAL, CREMAT (SPECHY)	E AMAL I'S NAME (TYPE OR PR ION, REMOVAL I'I al	ACHRELAUT FR SCHNEDER ML 23b. DATE 73c	NAME OF C	ATTENDING PHYSICIAN P	DIRECTOR PHYSIC RTHUR BLA 23d LOCATION CITY OR TOWN Arlingto	n, Virginia	14/87 STATE				

- 16 60M 7/8 DHMH (VRA 15, 4)



RIVERDALE, Md. 20737

W. W. CHAMBERS CO.

(VR A15 ME (5))

The Market West Three Inc. To

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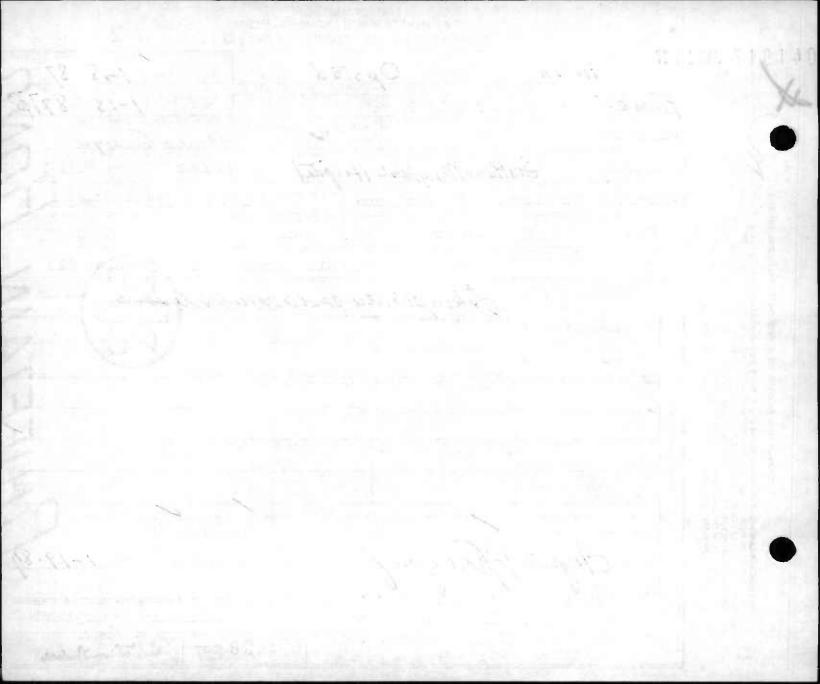
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		-	TATE REGISTRAR		WED	ICAL EX	AMINER'S C	ERTIFICATE O	F DEATH	REG. NO. 2	3 5	1
9	7 JAN 2	3,5		e Isn	S	ue ue	Op 37	a d		OWN MONTH	DAY YEAR -/8 1987	26 HOUR
1	DIRECTOR. OUR FILES. ON STREET,	3 SEX	male Whi	te		1916 7	GE (IN YEARS IF UN ST BIRTHDAY) MONTH O YRS.	DER 1 YR. IF UNDER	MIN PRONOUNCE DEAD	1-1	8 1987	HOUR 733 M
	NECESS FUNERAL S FOR WITH	MS	RTHPLACE (STATE OR TEIGN COUNTRY)		USA		8. MARRI WIDOW	ED DIVORCI	D Pine	ECITY OR COUN	78	MD.
1	A STANDARD C	C	Y OR TOWN OF DEA LINTON L RESIDENCE (IF IN NUE		II. NAME OF HOSI	Mary 1	und Ho	spital	Teacher	ION (TYPE OF WORK GLIFE)	SChOO	INESS
. 21201	FANY I	Ma	Tyland	Proge		Up Ma		13d. INSIDE CITY LIMITS? YES NO		olling	Meadows	Rd
ORE, MC			THER'S NAME JOHN AS DECEASED EVER	INITIS ADAMS		yor LAST	ECHRITY NO	Myrtle 17 INFORMANT	MIDD	ADDRESS	Ladd	
BALTIMORE	S ATER GIVE PA IIIH FOI IVISION) (YE	NO NO DE LE CAUSE OF DEAT	(IF YES, GIVE WA	AR OR DATES)	500 0	5 6401		ew Opsta		as #13	
RECORDS, 201 W. PRESTON ST	D BE EXECUTED WITHIN BOOKS. IN PENCIL IN MEDICAL EXAMINER AS A BURIAL - ITRANSI ALTH AND MENTAL HT CREMATION, OR REM	NO	Conditions, if a gove rise to cause (a) stoting lying couse lost. PART 2 OTHER SIGNIFICANT	immediate the <u>under</u>	(c)	AS A CONSEQU		OR COMOITION GIVEN IN PAR	7] (a),		YE ST	
	当作品品単元	CERTIFICATION	190. DATE OF OPERA		19b. CONDIT		H OPERATION W.				20 AUTOPSY? YES	NO P
DIVISION OF VITAL	IS CERTIFICATE SHO RRITING THE WORD REDED TO THE CHIE GES SHOULD BE US TE DEPARTMENT OF ZOT PRIOR TO BURRA	MEDICAL CE	UNDERLYING CONTRIBUTING CONTRIBUTING COURT	OR AUSE OF DE	ATH P.M. 21e PLACE C	MONTH DAY FINJURY (AT DRY, FARM, ETC.)	YEAR 19 HOME, 21f. LOC	CATION) LENTER NATURE OF INJURY			
	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE. WRIT PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE A FTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201	W	deoth resulted from	taok charge	af the remains desc				Undetermined mann	and in my o	pinion ED	- 87
	TO MEE EXECUT PAGE 4 TO FUN AFTER I BALTIM	230.BU	EXAMINER'S NAME (TYPE OR PRINT) RIAL, CREMATION, RI PECIFY) Burial	EMOVAL 23b		23c. NAME	of CEMETERY OF Land Ve	RCREMATORY	ayburn Ct	Temple	Hills, M Marylan	
07/84 25M	DHMH · 17 (VR A15 ME (5))	24 FU	NERAL DIRECTOD		Wilhel	m Fune	ral Hom		EC'D BY REGISTRAR	25b REGISTRAR'S	_	

STATE OF MARYLAND



	ST	A	TE	01	M	ARYL	AND	
MENT	0	F	HE	AL	TH	AND	MENTAL	HYGIENE

DEPART CERTIFICATE OF DEATH

පි	REG. NO.	0	2	B	5	Ü

- 1		REGISTRAR		4231111		REG. N	O.			
		CEASED NAME FIRST	MIDDLE	ι	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
		Helen	S.	0rw		Januar		1987	5:55A.M	
1	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY}	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
1		Female	White	Janu	ary 17,1905	81	YRS	1123		
4		HPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH		
1	4	Ohio	U.S.A.	WIDOWE	D DIVORCED X	Prince Ge	orge'	S	MD.	
4		aure	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Greater Laurel	EET ADDRESS)		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST C Retired U			F BUSINESS OR	
>	13a. S	TATE 136 COUN	TOTHER INSTITUTION GIVE RESIDENCE BEFI VTY 13c. CITY OR TO Ward Columb	WN	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS 6537 Carli			46	
2	JA. FA	THER'S NAME John W Shull	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAS		
9	16a. W	AS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDR		20716		
1	1	(IF YES, GIV	579 22	0139	M's Linda Ree	ed 2737 Woo	d Lak	ke Rá Mi	chealvll	le
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEG	DUENCE OF L DUENCE OF, DIVAT	with Right	M		IVEN IN PART 110	3	
	ON O									
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES]		
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)		
1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19						
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E. FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
1		AT WORK		1/11	1	11.	1	(5)		
		sow the deceased alive on above, (I) (we) (drd) (did no	ital) attended the deceased from 19 it) view the body after death.	67,01	nd that in (my) (our) opinion o	deoth occurred an the d	ote and ha	/	that (I) (we) lost couses stated	
		226. SIGNATURE ANNA	M. Mells	T N	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		1 16	187	
/		220 PHYSICIAN'S NAME (TYPE OF A RVIN'	D M. MEF	MA	7 100 BAL	TIMPRE	Au	E GOLLI	ZUSTAD	c
		URIAL, CREMATION, REMOVAL	23b. DATE 23	. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	;
		Burial	Jan.20,1987	Van He	rn Cemetary	Amanda To	wnshi	Hanco	ck Ohlo	
	24 F)	NERAL DIRECTOR Harry	y H Witzke & Fai	mily Fu	uneral Homis Dail	E REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE	
1		4112 Old Co	olumbia Pike 🗐	licott	City JA	Maria Islay		. die	ANGEL	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

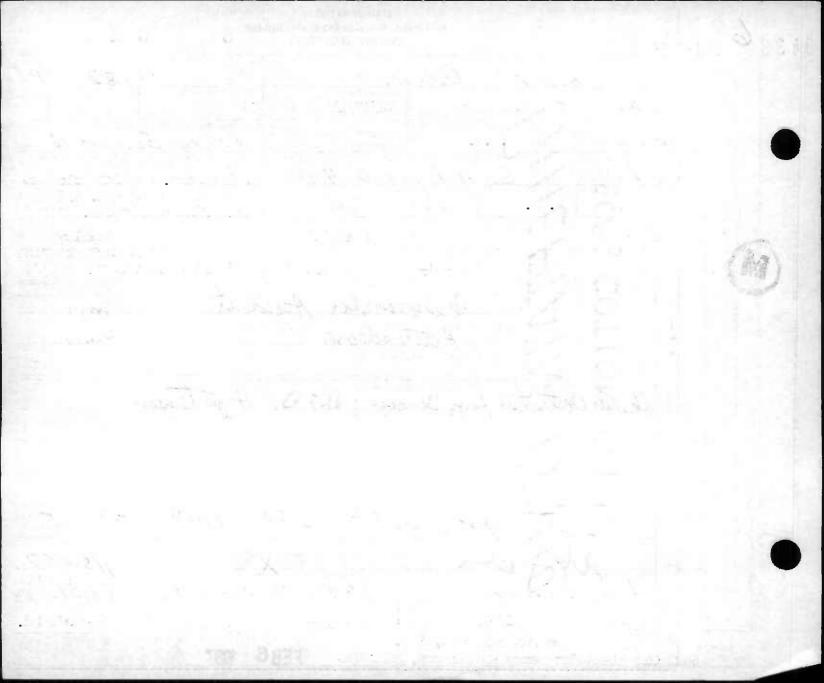
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ТН	DAY	YEAR	2b	HOU	R
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	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B / REG.	NO.	2 8	5	1
		CEASED NAME OR PRINT)	FIRST		OWL	S. DATE C	AST DF BIRTH	2a. DATE OF DEATH	1 - 2 9 BIRTHDAY) IF UP	87 NDER I YEAR	26 HOUR	S P
		emale		Caucasi			17/1 ° T	75	YRS		HOURS	MIN.
3		RTHPLACE (STATE OR FI	OREIGN	76. CITIZEN OF	what country A.	MARRIEI	D NEVER MARRIED D	PAINCE CITY	_ ~	L GES	6	MD.
0	(LINTON	1	(IF NOTIN SUC	MAAG	ILAN	DROTHER INSTITUTION HOSP	17g USUAL OCCUPA (TYPE OF WORK FOR MOS Public Se	TOF WORKING LIFE)	26. KIND OF NOUSTRY	elepho	one
)	130 S Ma		13b COUN	IY	Clinto	WN 1	13d, INSIDE CITY LIMITS?	13e.STREET ADDRESS	s/zipcobe i e Shapiro	Apt. 6	516 207	35
3	H€	enry First	,	MIDDLE	Grigs	by	Annie Annie	WE	-	Stan		
	16a V	VAS DECEASED EVER		AR OR DATES)	577-01-		Tarlton Rippy		t Height:		Apt 2	ike 204
1	CERTIFICATION	Conditions, if ony, gave rise to imm couse (a), stating underlying couse	which nediate g the last.	ONDITIONS CO	R AS A CONSEQUENCE TO SECUENCE	DEATH BUT	NOT RELATED TO THE TERM	YES NO	206. IF YES, WE IN CERTIFYING YES	ERE FINDING G CAUSES (GS USED OF DEATH?	
7	MEDICAL CER	210, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE AT WORK AT WOR 220.1 certify that (1)	AUSE OF DEA (AL EXAMINER) RED	P., 21e. PLACE ((AT HOME, STR	M. MONTH I M. OF INJURY GEET, FACTORY, OFFICE		211. LOCATION STREET	CITY OR		COUNTY	STAT	
/		saw the decease abave, (1) (world 27b. SIGNATURE 174. PHYSICIAN'S NA	d alive an	view the body	after death.	4 /	DEGREE ATTENDING PHYSICIAN 22e ADDRESS 8926 WO		AFF SICIAN	4 (auses state	
	- (BURIAL, CREMATION, I SPECIFY) Cremation	REMOVAL	02/01,	105		emetery or crematory rematory	23d LOCATION CLINTON	Prince	Georg	ge's™	Md.

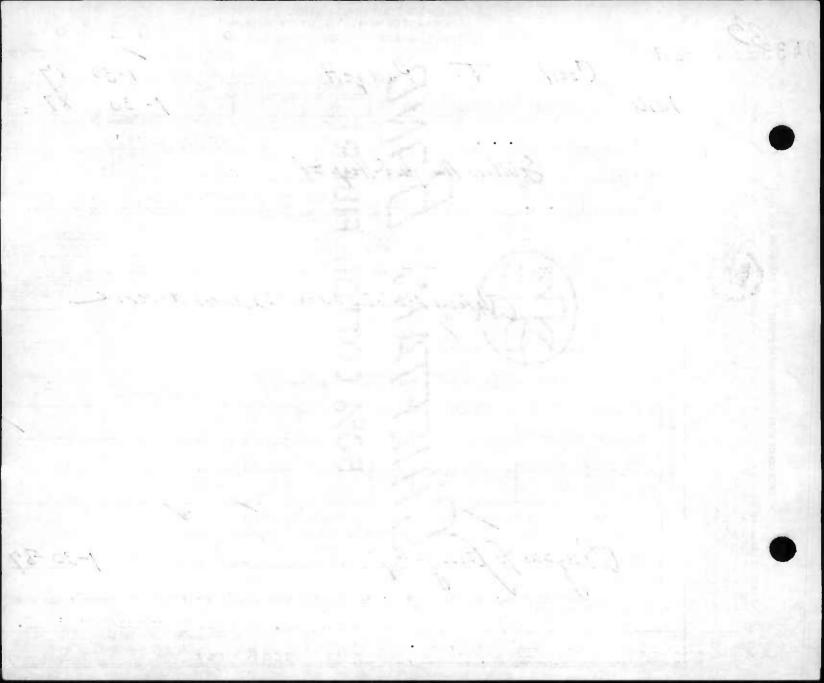
DHMH - 16 60M 7/84

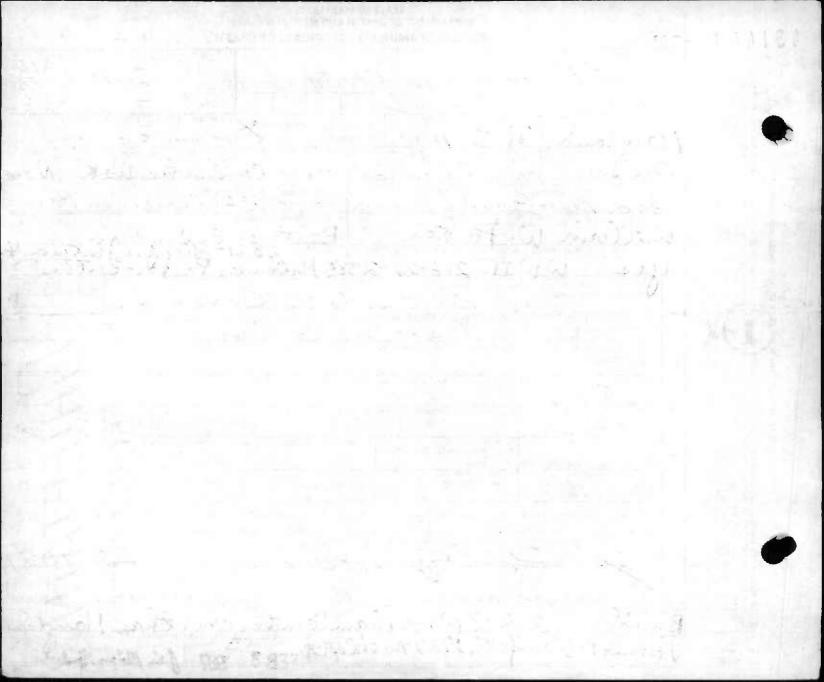
74 FUNERAL DIRECTOR Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md 20735 (VRA 15, 4)

TE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



CESSARY, PEASE GESTING OF YOUR FILES. WITHIN 72 HOURS PREET, PEASE OF YOUR FILES. WITHIN 72 HOURS PEET, PEASE OF THE PERSON STREEF, PEASE OF THE PEASE OF THE PEASE OF THE PEASE OF THE PEASE OF THE PEASE OF THE PEASE OF T	3. SEX	RTHPLACE (STATE	aucasian	DATE OF BIRTH	YEAR LAST BIR	NER'S CONTRACTOR OF THE PROPERTY OF THE PROPER	DERTIFICATE C	PEATH A 20 DATE KN OF DEATH A R 24 HRS MIN PRONOUNC DEAD RIED 9 BALTIMO	ED /- 3 C	3D 19 8 2d.	HOUR HOUR AN D:40
DELAY IS NE 1 TO THE FLO 1 TO T	10. C	rland ITY OR TOWN OF I Linton ALRESIDENCE (# 18	5	outher	SPITAL NUMBER AND SECTION OF A STREET ASSETS ASSETTS ASSETS ASSETS ASSETS ASSETS ASSETTS ASSE	2/fc	VED XI DIVOR			S 12b. KIND OF BUSINE OR INDUSTRY Lumber	MD ESS
D. 21201	130. S M a	aryland	P. G.		Upper Mar	J	13d INSIDE CITY LIMITS? YES X NO [15. MOTHER'S MAID		Marlboro		72
DALTIMORE, MD.	160. \ {Y	Elmer	VER IN U.S. ARMED	OR DATES)	Padge 16b. SOCIAL SECU 578-03-8	RITY NO.	Ruth 17. INFORMANT Elmer P I	Ma	rie ADDRESS 561	Curtin 5 Middleto s Md 20748	
RECORDS, 201 W. PRESTON ST D BE EXECUTED WITHIN 24 HIS PENDING" IN PENCIL IN ITEM MEDICAL EXAMINER ALCON A SA BURBAL "PRANTER PREMI EALTH AND MENTAL HYGIBNE CREMATION, OR REMOVAL	TION	gave rise cause (a) sta lying cause l	ICANT CONDITIONS <u>CONT</u>	(b)	AS A CONSEQUENCE BUT NOT RELATED TO THE T	E OF					
DIVISION OF VITAL RECORDS. 5 CRTIFICATE SHOULD BE EXERTING THE WORD "PENDING ROBE OF THE MEDICAL ES 3 SHOULD BE USED AS A BUILD BUI	MEDICAL CERTIFICATION	210. EXTERNAL C	AUSE WAS OR CAUSE OF DEA	21b. TIME O HOUR A./	FINJURY M. MONTH DAY YI	AR 21c H	Y	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR P.	20 AUTOPSY? YES NO	0 2
DIVISION OF VITAL RECORDS TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BLAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH ABALTMORE, MARYLAND, 21201 PRIOR TO BURNAL, CHEMATI		WHILE AT WORK 220. I certify the deoth resulted f ACTUAL SIGNATUR EXAMINER'S NA. (TYPE OR PRINT)	NOT WHILE TWORK	the remains de auses ,	Scribed above, held of Accident ,	Autop Suicide	sy Inspective Hamicide TITLE (SPECIFY) Deputy ADDRES 5009 R	Undetermined mani	ond in my oner , DATE JER SIGN Temple	pinion ED /-30 -	87
07/84 BP	24. F	Burial UNERAL DIRECTOR NAME	02,	/03/87 eral _{ao} Ho		d Vete	erans Cem.	CITY OR TOWN	m Prince	George STATE SIGNATURE	id.





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rector, page 3 urs after death

ly filled in by the fugeral on should be filed within 72 that

executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

8 REG. NO.	0	2	ර	6	6
DATE OF DEATH MONTH	DAY		YEAR	25 HOUR	

	M-	STATE REGISTRAR		VLI ARI		ICATE OF DEATH	HIOLE	8 /	NO.	0 2	2 6	6	Č,
I		CEASED NAME FIRST		MIDDLE	-	AST	20	DATE OF DEATH	MONTH	DAY	YE AR	25 HOUR	
1	(1111)	Carme	ela		Patr	iarca		1 - 2	22 -	198	7	7:40	R
1	3. SEX		4. RACE		5 DATE C			AGE (IN YEARS LAS	BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 H	HRS MIN.
		Female	White		3	22 - 1902		84	V	rs.	15 DAYS	HOURS	AIN.
			76. CITIZEN OF	WHAT COUNTRY?	8		9	BALTIMORE CIT			DEATH		
П	C	OUNTRY) Pittsbur	U.:	S.A.	WIDOWE	D NEVER MARRIED		Prince	Geø	rge			MD.
#	10. CI1	TY OR TOWN OF DEATH			NG HOME	OR OTHER INSTITUTION	1 12	a USUAL OCCUP				F BUSINESS	
	Mi	tchellville		H FACILITY, GIVE STREET			1	TYPE OF WORK FOR MO		ING LIFE) IN	DUSTRY		
4	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	RE ADMISSION)	ng Home	_	Housew					
	130 S Ma			s Temple		13d. INSIDE CITY LIMITS		e.STREET ADDRES			207	48	
	14 FA	THER'S NAME	AIDDLE	LAST		15 MOTHER'S MAIDEN		MIDDL			LAS		
		Angelo	MIDDLE	Yacurc	io	Angeli	.na	MIDDE		G	iane		
7	16a W	AS DECEASED EVER IN U.S. AR		166 SOCIAL SEC	URITY NO.	17. INFORMANT		AD	DRESS				
П	(Y	ES. NO ORUNKNOWN) (IF YES. GIVE	A DATES)	579-50-	1166	Henry A. P.	atri	arca-son	-(sa	me as	13e)	
ŀ		18. CAUSE OF DEATH (Enter onl	v one couse per	lipe (a), (b), ar	nd (c)			-				MATE INTERVAL	ATH
-		PART I. DEATH WAS CAUSEI		11140	can	dial (1)	1 CN	1/11/2	1				
1		IMMEDIAI		CONSEQU	IENICE OF				-				
ı		Conditions, if any, which	DUE TO, OF		www	eury	see:	lui					
1		gave rise to immediate cause (a), stating the	DUSTO OF	2 45 4 604 8504	To source								
1		underlying cause last	DUE 10, 01	R AS A CONSEQU	LILI	Cett							
1		PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINA	AL DISEASE OR CO	ONDITION	N GIVEN II	V PART 1	2	
1	Z O												
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b.	IF YES, WE	RE FINDI	GS USED	
1	E I							YES NOT	_	ERTIFYING YES [CAUSES	OF DEATH?	
	GER	210. ACCIDENT WAS UNDERLYING	21b. TIME O			21c. HOW INJURY OC	CURRED			M 18 PART I	ORPART 2)		_
7	AL	OR CONTRIBUTING CAUSE OF DEA		M. MONTH D	DAY YEAR								
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION					OUNTY		
1	M	WHILE NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY O	RTOWN		OUNTY	STATE	E
		220.1 certify that (I) (this haspit	al) attended the	e deceased from	8	118 108	86	10 1/2	> 87	19		that (I) (we)	last
		saw the deceased alive an	1	122 19	87	nd that in (my) (our) api	inion dec	th occurred on the	e date on	d hour and	I from the	couses stated	d
- 1		above, (I) (we) (did) (did not 22b. SIGNATURE	1 view the body	offer death.	_	DEGREE					22c. DATE	SIGNED	_
Н	3	Dell'emi M	alde	le do	1	ATTENDIN PHYSICIA	NG IT I	MEDICAL S	TAFF	7	1/2	3/2	7
Н		22d. PHYSICIAN'S NAME (TYPE OF	PRINTA 1		1	22e ADDRESS	AN L	PIRECION PHI	SICIAN		100	73	<u> </u>
		EDEL TAMIV	MALE	PINIAR	DJ.	9440 M1	Ald	the and	1. 1	1/2	rent	1 Ma	d.
7		URIAL, CREMATION, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATO	ORY	23d. LOCATION	,	1	- 1		
		SPEC#Y)	1-26-1			Hill Cemete		Suitland	_	ince	CAOT	ges Md	E
1	24 FÚ	Burial UNERAL DIRECTOR						EC'D_BY REGISTR					•
- 10		nes Rinaldi Fun					The state of		NAME OF STREET	- WILLIAM			

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other tro TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, c?

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Value 1. 1. da 2. 1/4 12 2. 1/4

040982 JAN 19-87

STATE OF MARTENIES		ST	ATE	OF	MARY	LAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	2	ò	ò	
						_

-	REGISTRAR				REG.	NO.		
H	1. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
	Edward	Harrison	PEEK		January	12,19	87	4:17 Am
	3. SEX	4. RACE	5. DATE OF BI		6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	
١	male	caucasian	MONTH 4	23 1913	3 73	YRS.	MONTHS DAYS	HOURS MIN.
5	7a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
ý	Anadarko,0kla	USA	WIDOWED [Prince	Georg	ge's	MD.
3	10. CITY OR TOWN OF DEATH Lanham	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Doctors Hospit	ADDRESS)	r. Geo. Co.	Retired	TOF WORKING I	176. KIND C INDUSTRY	OF BUSINESS OR
3	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13t CITY OR TOW Green to	N 1 + 113d	INSIDE CITY LIMITS?	13e STREET ADDRESS	s/zipcoc 1side	Road	770
	14 FATHER'S NAME	MIDDLELAST	15.	MOTHER'S MAIDEN NA	MIDDLE		LAS	
).	Harrison	Peek		Maggie	WIDDLE		Unkow	
F	160 WAS DECEASED EVER IN U.S. AR			INFORMANT	ADD	RESS		
	Tes no or nuknown) (18752 60	TT 448-07-	-8301 N	fary R. Pe	eek same	as 1	3-е	
		nly one couse per line for (a), (b), an	d (c).)	. 4	,		APPROX	ONSET AND DEATH
1	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o) Cardi	oresp	valory F	-ailure			
		DUE TO, OR AS A CONSEQUE	MCF-OF					
	Conditions, if ony, which	(b) Conalo	11 - 1	Carolinic	-arlure	and		
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON SEON	ENCE/OF	1 1	1 4 4 1			
ì	underlying couse lost	10 exacert	ationo	(Chronic)	betructure U	ing Dis	-lane.	
		CONDITIONS CONTRIBUTING TO	DEATH BUT NO	RELATED TO THE TERM	AINAL DISEASE OR CO	NDIMON GI	IVEN IN PART 1	0
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ovascular Acc	ident					-
)	M 190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W	'AS PERFORMED	20a AUTOPSY?		S, WERE FINDIN	
	AT I				YES NO		ES [NO 🗆
3		LIGHTS A ME MONTH O	AY YEAR 21	. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	AIR	19					
	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, F		LOCATION	CITY OR	IOWN	COUNTY	STATE
1	WHILE NOT WHILE AT WORK	(A) HOME, SIREET, PACTORT, OFFICE, P	ARM, ETC)		Λ			
1		ital ottended the deceased from_	12/29	1986	10 ann	my, 12	-19 D	that (I) (we) lost
1	sow the deceased alive on obove, (1) (see) (see) (did no	19 4	ond th	ot in (my) (art) opinion	death occurred on the	dotand ho	ur and Irom the	couses stated
	226. SIGNATURE		DEG	REE			22c. DAJE	SIGNED
	Marin	\simeq	M	D ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF SICIAN [01/1	2/87
/	224. PHYSICIAN'S NAME TYPE			ADDRESS	11 4.1 -	-1/	PL	116
	MOBI	ARAK KAR	M	1610 Carro	ill the, la	Kom	a lark	, MD
	230. BURIAL, CREMATION, REMOVAL	1/12/87 Ba	NAME OF CEME	TERY OR CREMATORY	23d. LOCATION			
	(SPECIFY) cremation			sh.Cremat	cory Laur	el	PorG.	Md.
	24 FUNERAL DIRECTOR 76	01 Sandy Spri	ng Rd.	25e. DA	TE REC'D. BY REGISTRA			
	Fleck Funeral	Home, Inc. Lau	rel,Md	1.20707 IAI	N 1 6 1987	Julia 1	Bandson-K	Sadare

DHMH - 16 60M 7/84 (VRA 15, 4)

and the second of the second s

	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. NO	0 2	2 3	6 4
33 Q 2 FEE	TYRE	CEASED NAME	FIRST		MIDDLE	0	LAST	20. DATE OF DEATH	MONTH DAY		Th HOUR
4 66			WAR		Α.	-	EKSON Sr.		1 61	87	12- PM
i it u	3. SE	Κ		RACE		5. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF U	HS DATS	HOURS MIN.
8 81		Male		Whi	te	Oct.	16, 1905	81	YRS		
1 12 PO		RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 AA A D D IE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
1,200		assachuset	ts	U.S.A	١.	WIDOW		Prince Ge	eorge		MD.
CONT	10 CI	TY OR TOWN OF DEA	TH	II. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	26 KIND OF	BUSINESS OR
Wil at		Laurel			eater Lau		ospital	U.S. Govt	F WORKING LIFE)	Eng	raving
24 hos	13a. S	Laurel	136 COUNT P.G	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Laurel		13d Inside City Limits?	3573 Fort	ZIP CODE Meade R		
1 127	14. FA	THER'S NAME		UDDLE	LAST		15. MOTHER'S MAIDEN NA	AE MIDDLE		LAST	
11/60		Alfred	N	IDDLE	Peterson	1	Anna	WIDDLE	Wer	me last	
n and co	(1	VAS DECEASED EVER VES NO OR UNKNOWN) NO		NED FORCES? WAR OR DATES!	166 SOCIAL SECU 017-09-35		17 INFORMANT Emma Peterson	3573 Fort			608
that the death certification of the corporation or remaining or remaining or the corporation of the corporat		Conditions, if any, gove rise to imm cause (a), statin underlying cause	which mediate g the	DUE TO, C	PROBAL DR AS A CONSEQUE DR AS A CONSEQUE	ENCE OF	ACUTE /	MYOCHNO.	//UF.	2	0915
G G G	z	PART 2 OTHER SIGN				DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 1:a	
ne low req	CERTIFICATION	190 DATE OF OPERA		196 CONE		OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WIN CERTIFYING	G CAUSES (GS USED OF DEATH?
IYSICIAN: TI ding physicis s certificate burial-transit Mental Hygi		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	HOUR A	DF INJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
Offending offending of the burns of the burn	MEDICAL	21d INJURY OCCURE	RED		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
TTENDIN pital or TOR: Af for use of of Health		220 I certify that (1) saw the decease abave, (1) (wester	(Above horson)	of attended to	he deceased from 19	77	nd that in (my) (our) opinion (, ta	1/29. 19_ ate and hour on	d from the c	hot (I) (we) last ouses stated
AL OR A The has AL DIRECTED Ste Dept. T: If them		22b. SIGNATURE	14	45	y asier deam.	3	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F IAN []	22c DATES	IGNED
O HOSPITA etained by TO FUNERA should be de		22d PHYSICIAN'S NA	GG IN		. 1%		22e ADDRESS 14353	LAVAEL			
0 € 5 € ₹ ₹	22. 5	LIDIAL CREALATION	DEMONIAL	Table DATE	22. 1	LAME OF C	CHETERY OR CREW ATON	Tast LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Rendon/Hale Lanhams Funeral Home Annapolis Rd. Lanham, Md. 20706 9013

Feb.2, 1987

23b. DATE

230 BURIAL, CREMATION, REMOVAL

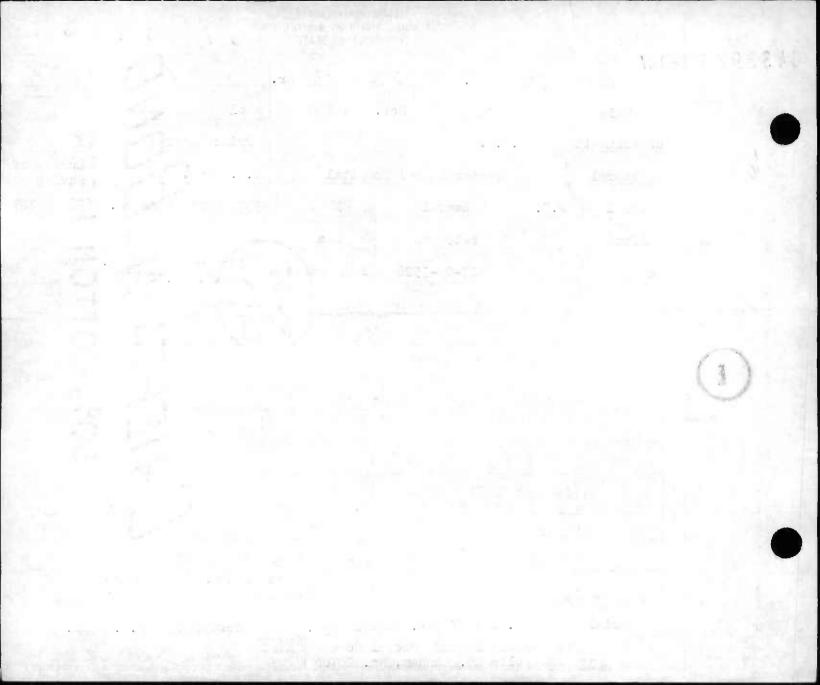
Burial

(SPECIFY)

23d LOCATION
CITYORTOWN
Brentwood 23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem.

P.G. Md. C'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE



FOR

I. DECEASED NAME

BIRTHPLACE (STATE OR FOREIGN

(TYPE OR PRINT)

Male

Germany

3. SEX

FIRST

OTTO

4. RACE

Caucasian

U.S.A.

STATE OF MARYLAND	
PARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

	-					
DEP	ARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
	CE	RTIF	CATE	OF	DEATH	

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO

MIDDLE

Bernard

7b. CITIZEN OF WHAT COUNTRY?

PART IN SUCH FACILITY, GIVE STREET ADDRESS)

		20 DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR 🗼
PFEIFFER				01	18	87	10:	50A
DATE OF BIRTH		6. AGE	IN YEARS LAST I	BIRTHDAY)		ERTYEAR	IF UNDER	24 HRS
March 25, 1	.907	79		YRS	MONTHS	DAYS	HOURS	MIN.
MARRIED NEVER M	ARRIED			ORGE T		ATH		MD
HOME OR OTHER INST DRESS)	ITUTION	Ret.	AL OCCUPA ORIBAKE	TION OF WORKING	12b.	KIND O	te te	ESS OR
bord 13d. INSIDE CI	NO 🗆	8600		ZIP COL High		2077	72	
	MAIDEN NAA FIRST	Unk	WIDDLE			LAS	т	
17 NO. 17 INFORMAT 14 Herman	n Pheif	fer		as 13	A-E			

36. STATE 136. COUN Maryland P.	G. Upper 1		DE CITY LIMITS?	13e.STREET ADDRES		20772
4. FATHER'S NAME FIRST Unk.	AIDDLE LAST		HER'S MAIDEN N	Unk MIDDLE		LAST
68. WAS DECEASED EVER IN U.S. AR/ (YES. NO OR UNKNOWN) (IF YES. GV.) NO	AED FORCES? 166. SOCIAL S WAR OR DATES) 164-03	-6074 Hen	man Phei		as 13 A-I	€
18. CAUSE OF DEATH (Enter on) PART I. DEATH WAS CAUSE! IMMEDIAT		SEPSI	2			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) P CONTRIBUTING	BITAC EQUENCE OF ANIC B	RAIN	CLUCIO DIST	FAIR	I PART Ito
	5	FIZU RE	516	1826 h		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
ON CONTRIBUTING TO CAUSE OF DEA		DAY YEAR	W INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I C	R PART 2)
OR CONTROL TO CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER, 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FIGE FARM, ETC.)	ATION	CITY OR	TOWN C	OUNTY STATE
22a L certify that (I) (this hospit	al) attended the deceased fr	om	, 19		1 1 190	, that (I) (we) to

DEGREE

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Lee Funeral Home, Inc. Old Alexander Ferry Rd. Clinton, Md 20735 (VRA 15, 4) 663

23b. DATE

01/21/87

saw the deceased alive on above, (I) (we) (did) (did not) view the bady after

22b. SIGNATURE

(SPEC#FY)

Cremation

230. BURIAL, CREMATION, REMOVAL

Clinton Lee's Crematory

ATTENDING

CANGLE

Prince George's Md.

WASHIKE

2028

22c. DATE SIGNED

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STAFF

and that in (my) (our) opinian death occurred on the dark and haur and from the causes stated

MEDICAL

2(2932 TIPLE VELLE SECOND WHENDER REPORTE C3 1/4 C3 11/4 Minhalm CHAMI IN SATAWERS X TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certific retained by the hospital or attending physician.

04024

moy be

STATE OF MARYLAND

8	REG. N	0	2	ð	Ò	-
ATE O	DEATH	ALCONITIA.	DAY	VEAD	21 110	LID

1/1	- STATE REGISTRAR		CERTIFICATE OF DEATH	S REG. N	02300
	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	ROSE	J.	PIPER	Jan 3, 19	
3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER EYEAR IF UNDER 24 HR
	Female	Cauc	01/28/1902	84	YRS.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
101 11 11	vio	USA	WIDOWED DIVORCED	☐ Prince Ge	orge's
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON 12h KIND OF BUSINESS
89	Laure1	(IF NOT IN SUCH FACILITY, GIVE STREET Greater Laurel F	Beltsville Hospit	al Tupist	
a disu		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)		Buchanan Mit
366					rsity Boulevard. W
	ATHER'S NAME	7	15. MOTHER'S MAIDEN		resizy boutevaru, w
(\$5/1)		WIDDLE LAST	FIRST	MIDDLE	Stoll
O 160	Charles WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	JRITY NO. 17, INFORMANT DO	ADDRE	
ig T	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	Va	ughter ADDRE	5513208 Taney Drive
NC		577-09-5	1.100 00 0 00 10	igh beltsi	ville. Md. 20705 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
rinjury, or		ONDITIONS CONTRIBUTING TO	455.055.000	ERMINAL DISEASE OR CON	
8 shows ony injur	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO X	20b. IF YES, WERE FINDINGS USED IN CERTIFYING GAUSES OF DEATH? YES NO NO
-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D.	AY YEAR 19	CURRED (ENTER NATURE OF INJU	
orked or them	2)d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
Hem 21 is me	22a.1 certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	tol) ottended the deceased from	, and that in (my) (our) apir	ion deoth occurred on the de	ote and hour and from the causes stated 22c. DATE SIGNED
# :IV	22d. PHYSICIAN'S NAME (TYPE O		22e. ADDRESS	N DIRECTOR PHYSIC	IAN 1/3/8/
4	LUIS A BURIAL, CREMATION, REMOVAL	CASAS 236. 1	14201 CA		#221 CAUSEC MD 20
1	ISPECIEY) Burial		rklawn Cemetery	Rockville	
M 7/B4 24 F	UNERAL DIRECTOR THOUSE	is J. Collinsons.		DATE REGIDABYAREGISTRAR	256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4

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(VRA 15, 4)

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And the State of the same

Site of the Pilit William of the Control of the 2070S.

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11572 Panghire 17201 Tamen Daighte

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	STA	TE	OF M	ARYL	AND	
PARTMENT	OF	HE	ALTH	AND	MENT	AL

25	1
5	REG NO

29	87	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE	REG. NO	0	2	å	6	1
		CEASED NAME	FIRST	,	MIDDLE	L	AST	2g. DATE	OF DEATH	MONTH	DAY	YEAR	2b. HOU	JR
			Anna		E.	Pole	rny		Januar	_				00PM
1	3. SEX	Female		4. RACE Whi	ite	S. DATE C			N YEARS LAST BIRT	HDAY)	MONTHS .	DAYS	HOURS	MIN.
9		New York	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	DE NEVER MARRIED		ince Ge			ATH		MD.
1		iy or town of de aurel	EATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ville Hospita	TTYPE OF WE	LOCCUPATION OF THE MOST OF THE MARKET	WORKING L	IFE) 12b. IND	KIND OF USTRY N/A	F BUSINE	ESS OR
6	USUA 13e. S	IL RESIDENCE (IF NUI TAJE Md	Pring HOME OF		13c CITY OR TOW		13d. INSIDE CITY LIMITS?	13. SIREE	ADDRESS /	ZIP COD	Belt:	svil	le 2	20705
2	I4_FA	THER'S NAME FIRST		MIDDLE	Kocsis		Is. MOTHER'S MAIDEN NA FIRST Johanna	AME	WIDDLE		Unkr	last		
		AS DECEASED EVE ES, NO OR UNKNOWN) NO		MED FORCES? (E WAR OR DATES)	166. SOCIAL SECU 082-18-9		17 INFORMANT Harry Pokor	ny san	ADDRES 10 as #					
	7		nmediate ing the se lost.	(b) DUE TO, OI (c) CONDITIONS CO	R AS A CONSEQUE Micro-e ONTRIBUTING TO	isphe: ENCE OF mbolis	ric Cerebrova				VEN IN P	ART 110		
7	CERTIFICATION	Atri 198 DATE OF OPER		orillati		OPERATIO	N WAS PERFORMED	20s AU	TOPSY?		S, WERE			
of and	III.	The same						YES 🗌	NO		ES 🔲	HUSES	NO [
1	MEDICAL CER	210. ACCIDENT WAS UP OR CONTRIBUTING [(IF EITHER NOTIFY ME	CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER	NATURE OF INJUR	Y IN ITEM 18	PART I OR P	ART 2)		
	MED	21d. INJURY OCCU	WHILE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	-	211 LOCATION STREET		CITY OR TOV		COU	NÎY	S	STATE
		20s.1 certify that (I) (this hospital) attended the deceased from January 11, 1987, to January 21, 1987, that (I) (we saw the deceased alive on January 21, 1987, and that in (my) (our) opinion death accurred on the date and hour and from the causes state above. (I) (we) (did) (did not) view the body after death.												
	9	776. SIGNATURT	5	Dru				MEDICA X DIRECTO	L STAF			. DATE S 1-22	SIGNED	
		Joseli Joseli		Magday,	MD		27e. ADDRESS 11701 Roby	Ave.,	Beltsv	ille	, Md	. 20	705	
	23a B	URIAL, CREMATION SPECIFY) Burial	, REMOVAL	Jan.	26, 1987	Maple	emetery or crematory Grove Cemet	ery Ké	cation Wordand	ens (Queey	is N	ew Y	őrk

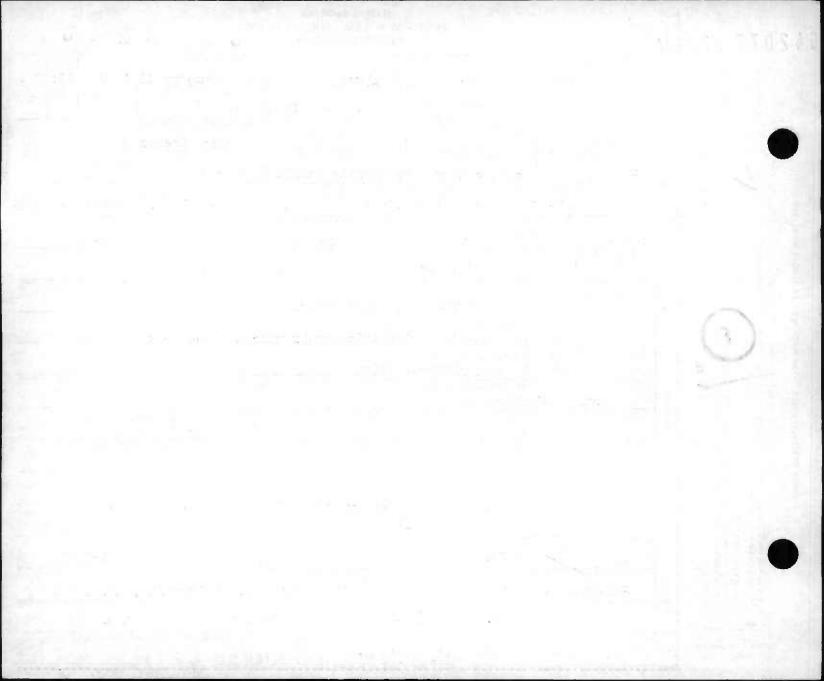
BP DHMH - 16 60M 7/B4

IMPORTANT: If Item 21 is marked or Item 18 shows any

(VRA 15, 4)

24 FUNERAL DIRECTOR Dona Tar V. Borgwardt Beltsville, Md.

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE



+ 2	2500	FEB -	2.6	FOR STATE REGISTRAR				MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	3	REG. NO		2 3	0 0
	nay be			OR PRINT)	PIRST Darl	65 E	U.	F. DATE C	rice of BIRTH		OF DEATH	MONTH D	1/87	455 M
	ge 4 n ector,		N	ale		Caucas		MONTH	/13/12 YEAR	75		YRS.	ONTHS DAYS	HOURS MIN.
	4 50 P	69	- (RTHPLACE (STATE OR F COUNTRY) W York	OREIGN	76. CITIZEN OF	WHAT COUNTRY	MARRIEI WIDOWE	NEVER MARRIED	1	ORE CITY OF	COUNTY	OF DEATH	
10		怒		TY OR TOWN OF DEA	тн	11. NAME OF		NG HOME C	HOSP	1 12a. USUA (TYPE OF W	LOCCUPATION FOR MOST OF	WORKING LIFE	INDUSTRY	or t.NRL
AND 212	To and	35	130. 5	TATE	136. COUN		GIVE RESIDENCE BEFOR	WN	13d. INSIDE CITY LIMIT YES 1 NO 1		T ADDRESS /		2074	8
MARYL	mplettely	160	14. F.A	THER'S NAME FIRST Charles		MIDDLE Z.	Price		15. MOTHER'S MAIDER Lina	NAME	MIDDLE M.		Smith	7
BALTIMORE, MARYLAND 2120	n and co	medicul	160. V	AS DECEASED EVER		MED FORCES? E WAR OR DATES)	166. SOCIAL SEC 114-10-0		17. INFORMANT George E.	Price			burn R	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI	that the death certificate	ol, cremation, a miner of the result in)	PART 1. DEATH W Conditions, if any, gove rise to imm couse (a), statin underlying couse	AS CAUSE IMMEDIAT which nediate g the	D BY: E CAUSE (a) DUE TO, C	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE CONS	nal pence of g	indu monia	e stio cytic	. Lymp	ohema	8	MANTE INTERVAL PASET AND DEATH A BLYS Those
ORDS, 20	requires	iar ta buria	TION	PART 2 OTHER SIGN					NOT RELATED TO THE		ASE OR CONE		N IN PART 110	
AL REC	The low ion.	iene pr	CERTIFICATION					- OPERATIO	N WAS PERFORMED	YES [IN CERTIFY	ING CAUSES	
ON OF VIT	PHYSICIAN: ending physic this certificate	Mental Hygi	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCURE	AUSE OF DEA) P		DAY YEAR	21c. HOW INJURY OC	CCURRED (ENTER				
DIVISIO	NG PH r after th	alth and marked	WE	WHILE NOT WH	RK	(AT HOME, SI	TREET, FACTORY, OFFICE,	0	STREET	100/	CITY OR TO	VN	COUNTY	STATE
	spital or	of Heal		220-1 certify that (1) saw the decease above, (1) (1)	d alive an	1-2	3 19	87, or	d that in (my) (our) opi	inion death occu	rred on the do	te and Rour	and from the	that (I) + last couses stated
	y the hos	ate Dept.		22b. SIGNATURE	ع نه	on yeu	pho		PHYSICIA	NG MEDICA	AL STAF		22c. DATE	SIGNED
	O HOSPITA stained by TO FUNERA	APORTAN		kai - Yic	4 .	NG, h.O.			8926 WOV	dyard R	d # 20	1 Clin	ston, MD	20735
	T a T	n > <u>s</u>	220 E	LIDIAL CREMATION	DEMOVAL	22h DATE	72.	NIAME OF C	EASETEDY OR CREALAT	ORY 1224 10	CATION			

DHMH - 16 60M 7/84

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 1/27/87

George P. Kalas Funeral Home

ordyard Rd # 201 Clinton MD 20735

23d LOCATION
CITY OR TOWN

M. Suitland

P.G. Maryland

Washington National Cem. 24 FUNERAL DIRECTOR

Oxon Hill, Md. JAN 30 1987 Julia Dender Lands

The first of the control of the cont ream since mean wing a wing a would be İ. . notes . mestudo SE mante . I Well 11 - 1 - oth Course D. 1-10e Beninger, January

Hurial 1/7 7 and the Control of the

certificate be executed

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. P	4
2		- 1
2	REG. NO.	

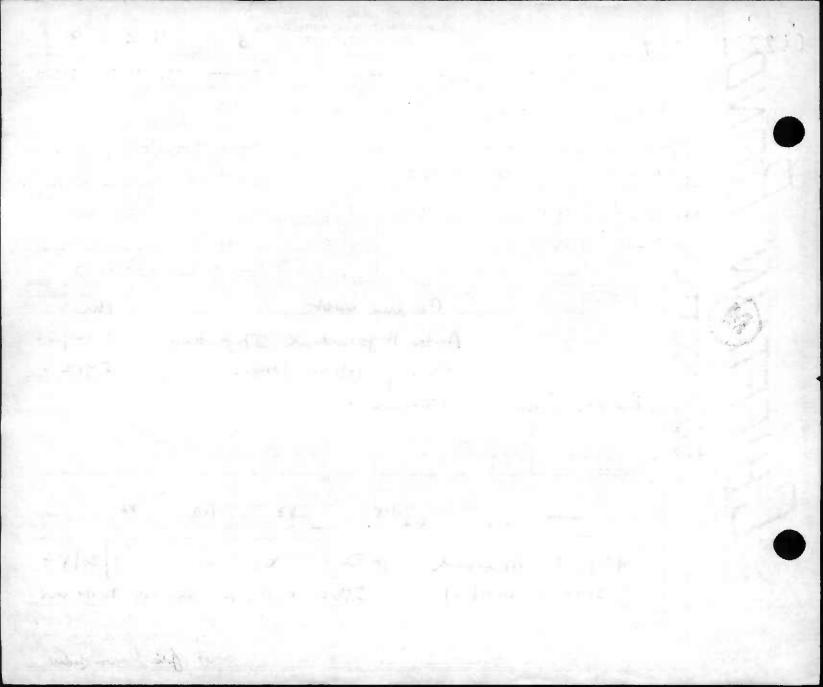
À	FOR STATE O REGISTRAR		DEPARTA	ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 7 REG. NO.					6 1		
	I. DECEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	HINOM	DAY YEAR	2h HOUR		
1	(TYPE OR PRINT) Heisk	e11	Henry	P	rice	January	19,	1987	7:10p _M		
1	3. SEX	4. RACE		5 DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
1	Male	Caucasi	Lan	MONTH	14 03	83	YRS	MONTHS DAYS	HOURS MIN.		
7	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B	D NEVER MARRIED	9. BALTIMORE CIT		Y OF DEATH			
	Tennessee	U.S.A.		WIDOWE		Prince G	enroe	S	MD.		
2	10 CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUP	ATION	12h KIND O	Graphic		
1	Riverdale	I	d Memoria			Superviso			nications		
7	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU		GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP COI		Union		
7	Maryland P.G		Hyattsvi		YES X NO	3701 Kenr			782		
1	M. FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		IAS	1		
f	William Edw	_	Price		Margaret	Lucind		6110	ooks		
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT (Daug	hter) ADI	DRESS				
	No	VE WAR OR DATES)	408-03-0	874	Mrs. Mildred	Ferrell,	Same a	s Line 13			
d	18 CAUSE OF DEATH (Enter o	nly one couse per	fine for (a), (b), on	d (c)	4 ,			IMATE INTERVAL ONSET AND DEATH			
	PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (0)	Carley wast					16	2 2		
		DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which (1b) Acute Myo Cardial Theren							20	2 days,		
	gove rise to immediate couse (a), stating the	couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF									
	underlying couse lost.	underlying couse lost. (c) Corney Atherosoletosis Syrs.									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
-	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED										
7	190 DATE OF OPERATION O	196. COND	II ION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERT	IFYING CAUSES	OF DEATH?		
	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME C	E INTITION		21c. HOW INJURY OCCUR	YES NO		YES	NO 🗌		
`		ATH HOUR A.			IN. HOW HOJORY OCCOR	(ENTER NATURE OF	ATOM IN HEW IS	PART I OR PART 2)			
	OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	R) P. 21e. PLACE	M.	19	211. LOCATION						
		(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY O	RIOWN	COUNTY	STATE		
		AT WORK AT WORK									
	sow the deceased alive or	270.1 certify that (1) (this haspital) attended the deceased from									
	obove, (I) (we) (did) (did no	obote, (i) (ii) status (loto flot) view life body offer deoffic									
	1.00	ATTENDING MEDICAL STAFF									
-	224 PHYSICIAN'S NAME (TYPE	22d PHYSICIAN S NAME (TYPE OR PRINT) 220 ADDRESS 220 ADDRESS									
	TACK		shel		5801 0	11	1. 6	1. 4.1	12 un. 0.		
-	230 BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	PIC C	A & FIGH	te view.		
	Burial	1-23-			Cty. Mem. Gd	lns Rogers	ille,	Hawkins	, Tenn.		
	24 FUNERAL DIRECTOR France	is Gasc	h's Sons	Funer	al Home 250. DA	TE REC'D. BY REGISTR	AR 256 REGI	STRAR'S SIGNAT	URE		
	4739 Baltimore A					N 2 8 1087	Julia	Divideon:	Pardage		
- 1				-		- (-)/	-4				

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by 'should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, cri

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician IMPORTANT: If them 21 is morked or them 18 stows ony



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DRATH REGISTRAR 20. DATE KNOWN DECEASED NAME Hilda Mildred Prickett DEATH MATED 14. RACE 6 AGE (IN YEARS IF UNDER 1 YR. SEX 5 DATE OF BIRTH IE LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Feb. 4, 1898 88 Female White DEAD 7g BIRTHPLACE (STATE OR Mb. CITIZEN OF WHAT COUNTRY? 1 BALTIMORE CITY OF COUNT MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Ohio Prince George's County DIVORCED [] CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 4903 Cherokee Street Marvland Chemical Analyst Bureau of UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Minds Jo. STATE 13c CAT ON TOWN ALISE INSIDE CITY LIMITS? 130 STREET ADDRES aryland 4903 Cherokee Street 20740 College Park 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME George E11a Rogers Mockerman 17. INFORMAN In WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO (Son) ₽45¥ Durnbaugh Drive (YES, NO, OR UNKNOWN) No 578-32-7033 Robert L. Prickett Dayton, Ohio 45432 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (e),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [EXECUTE THE CENTIFICATE, WRITING THE WOOD PAGE 4 SHOULD BE FORWARDED TO THE TO FUNEAR DIRECTOR: PAGE 3 SHOULD BE AFFENDENTH, WITH THE STATE DEFARMAND BALLIMORE, MARYLAND, 21201 FRIOR TO BE 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 IN ILIRY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK Inspection 220 I certify that I taak charge of the remains described above, held an Autopsy and in my opinion Natural causes death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE _MEDICAL EXAMINER EXAMINER'S NAME John S. Rogers, M.D. 1919 Seminary Road Silver Spring, Md ADDRESS

DHMH - 17 (VR A15 ME (5))

07/84

23a BURIAL, CREMATION, REMOVAL 23b, DATE 01/14/87 234 NAME OF CEMETERY OR CREMATORY

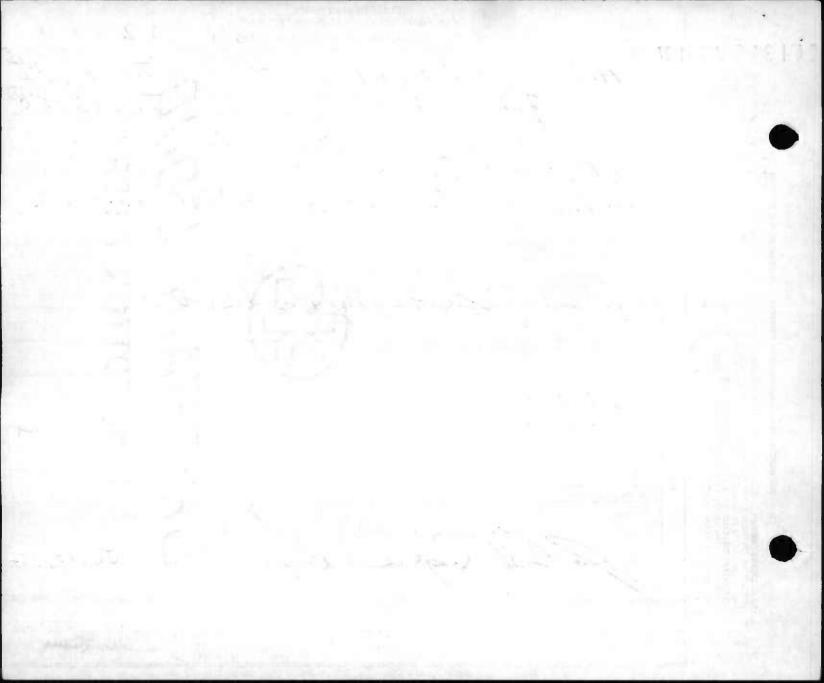
23d LOCATION Maryland National Mem. Park Laurel

P.G.

Maryland

WrangismeGasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyastsville, Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Dandorn Roadel



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

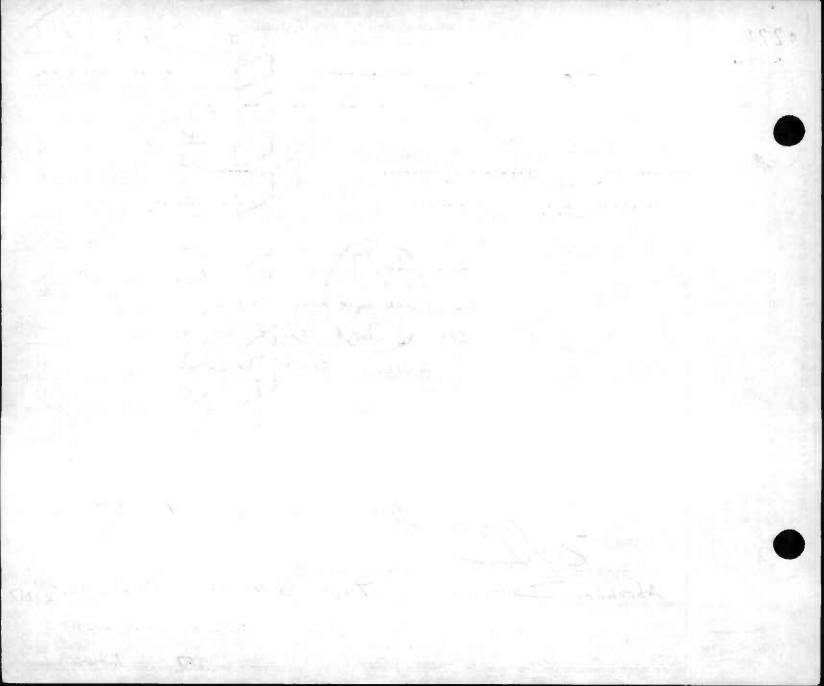
8	REG. NO.	0	2	8	1
			-		

		REGISTRAR				CERTIF	ICATE OF DE	ATH	8	REG. NO	D.	1 6	0	2.	
		CEASED NAME	FIRST		MIDDLE	l	ASI		20 DATE C	OF DEATH	MONTH	DAY Y	EAR 2	B HOUR	
	{ITPE		George	H	erman	Pur	schwitz				01	21	87	01:3	5am
	3. SE)	X.		4 RACE		5. DATE C			6. AGE (IN	YEARS LAST BIR	THD AY)	IF UNDER		IF UNDER 2	4 HRS
	Ma	1e		Caucasi	an	02	1 5	08	78		YRS	MONTHS	DATS	HOURS	min.
		RTHPLACE (STATE	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	D NEVER MA	RRIED 🗆	9 BALTIM	ORE CITY O	R COUNT	TY OF DEA	TH		
		sconsin		USA		WIDOWE		RCED	Prin	ce Geo	rge'	S			MD.
ERJ.		ty or town of verdale	DEATH		CH FACILITY, GIVE STR	EET ADDRESS)	OR OTHER INSTIT	UTION		OCCUPATION FOR MOST O		LIFE) INDU	ISTRY	BUSINES	
200	USUA 13a. S	AL RESIDENCE (IF	13b COU	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)		10 🗌	13e.STREET 3603	ADDRESS VARNU	ZIP COI	DE	20722		
2	-	THER'S NAME FIRST		MIDDLE	urschwii	tz	15. MOTHER'S A		ME	WIDDLE			Rau		
,			VER IN U.S. AR		166 SOCIAL SE	CURITY NO.	17 INFORMAN	Т		ADDRE	SS				
	NO	VAS DECEASED E YES, NO OR UNKNOW!	(IF YES, GI	/E WAR OR DATES)	578-26	9717	Mrs. R	ıziski	Purs	chwitz	. Sa	me as	Lir	ne #	13
2	CERTIFICATION	Conditions, if gove rise to cause (a), underlying condended to the part 2 OTHER	immediate stating the cause last.	(b)		DUENCE OF TECHENO DEATH BUT	NOT RELATED TO		20a AUT	OPSY?	20b. IF Y IN CERT	ES, WERE F	FINDING	F DEATH	
	RTI	01 455(D54)7.144	CANDONIAN E	7 1011 TIME C	NE INTUINA		Tar. How Kill	IDV OCCUPE	YES .	NOKK		YES [NO 🗌	
	MEDICAL CE	21d INJURY OC	CAUSE OF DE	P. PLACE	M. MONTH M. OF INJURY REET, FACTORY, OFFICE	19	216. HOW INJU		CED (ENTER)	CITY OR TO		COUN		STA	ATE
		saw the de	ceased nine on we) (dee) this no		ne deceased from	<u>\$7</u> , ai	nd that in (my) (o	ur) apinian d	, to	red on the do	ate and ho				
,		144	0	him	_		ATT PH	ENDING YSICIAN	MEDICAL	STAF	F IAN []	1-	-22-8	87	
		Abroh.	GM -	-	ELA	4-2	23. ADDRESS	1 Q	Uten	sbun	my K	d Ri	verd	det	nD 207
		BURIAL, CREMAT	ION, REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CR	EMATORY	23d LOC	ATION	1	COHNTY		51.	ATE
		rial		1-23-8	37 F	t. Lind	coln Cem	etery		ntwood	1, P.	G.,	Mar	ylan	d
	2FR	ANCIBEGA	ASCH'S S	SONS FUN	ERAL HO	ME, P.A	Α.	25a. DATI	E REC'D. BY	REGISTRAR	25b. REG 1:	STRAR'S SI	GNATU	RE	

4739 Baltimore Ave., Hyattsville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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executed within 24 hours by

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n and completely filled in the Pages 1 and 2 shauld be fi

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

4E	8	REG. I	No. 0	2	8	1	20
a C	ATE	OF DEATH	AN 29	8	YEAR	2b. HO	D.

	1-	FOR STATE REGISTRAR		DEPART		ELATE OF D		SIENE	REG. NO.	0	2 8	1	2
		CEASED NAME - BINT OR PRINT) Mary		lelen		aftery	•	2a DATE C	LAM	129	87	26. HO	P. M
1	3. SE)	Kemale	Caucasi	an	Sep.		1903	6. AGE (IN	YEARS LAST BIRTHE		FUNDER I YEA		MIN.
3		RTHPLACE STATE OR FOREIGN COUNTRY) Mass.	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVERA	AARRIED		nce Ger	COUNTY		3445	MD.
)		jattsville	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET LOLL MANO	ADDRESS1			(TYPE OF WO	OCCUPATION RK FOR MOST OF W MAKET		NDUSTR	of Busin	
	13a. S	al residence (if nursing home state 13b. co yland Pri		13c. CITY OR TOW	/N	13d. INSIDE C	ITY LIMITS?	13. STREET.	ADDRESS Z	ip cope	ace	2	0740
1	14. F.A	Timothy	MIDDLE J.	Deas i	1		herine		MIDDLE		Lon	.g	
•			ARMED FORCES? GIVE WAR OR DATES)	029-42-		17. INFORMA Elaine		lter	daught		same	as #1	3
Thursday and a fall		18. CAUSE OF DEATH (Enter PART I. DE ATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	As Constitution	ENCE DA	dry la	feat 1 fection	seru			7: 48 Yea	Oxumaté inte nonset ani 2 hou hou	13
	CERTIFICATION	PART 2 OTHER SIGNIFICAN Menisseles To (190 DATE OF OPERATION	netrovos	DISTRIBUTING TO	isse "	Cache	hea	200 AUT		Ob. IF YES,	, WERE FINE	DINGS USE	TH?
1	MEDICAL CER	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE AT WORK AT WORK	DEATH HOUR A. NER) P. 21e. PLACE	M. MONTH D M.	19	216. HOW IN		RED (ENTERN	CITY OR TOWN		COUNTY		STATE
1		22a.1 certify that (I) (this ho saw, the decreased allow obtain. (I) the (did) (did) (did) (22b. flc3/4A1)/flc			*		TTENDING PHYSICIAN	/ MEDICAL			V2 c. DA	that (1) the couses state SIGNED 29, 19	
		//	Brennan,	M.D.		3415		on Str	leet, H	yatts	ville	, Md.	2078
	23a. B	BURIAL, CREMATION, REMOV		23c 1		EMETERY OR C	REMATORY	23d LOC					

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

IMPORTANT; If Hem 21 is marked or Hem 18 shows ony injury, arother in

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached far use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior ta burial,

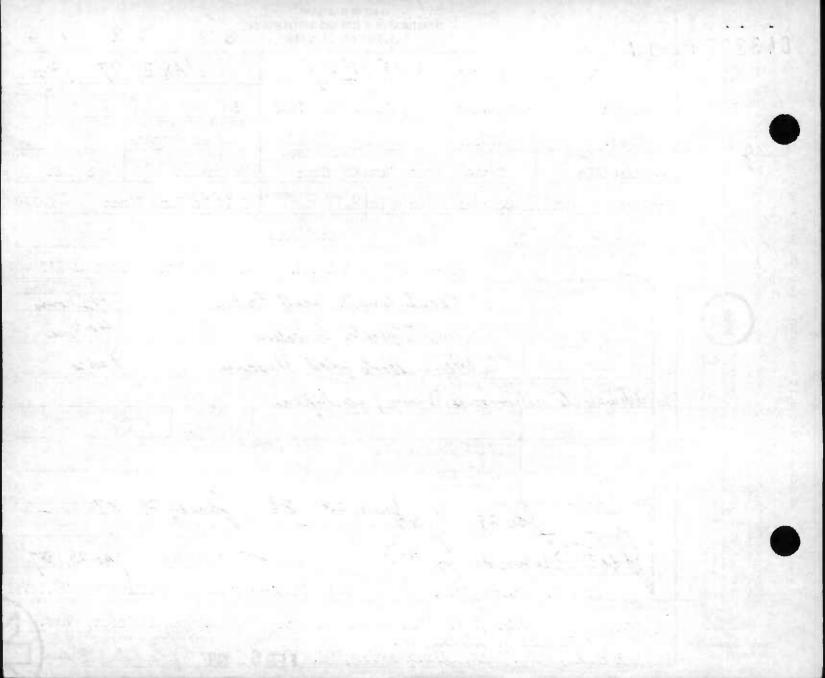
TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

Burial

Francis J. Collins Jr. 230 DATE REC'D. 24. FUNERAL DIRECTOR

Cambriage, middlesex,

500 University Blvd. West, Silver Spring.



death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retoined by the hospital or attending physician.

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

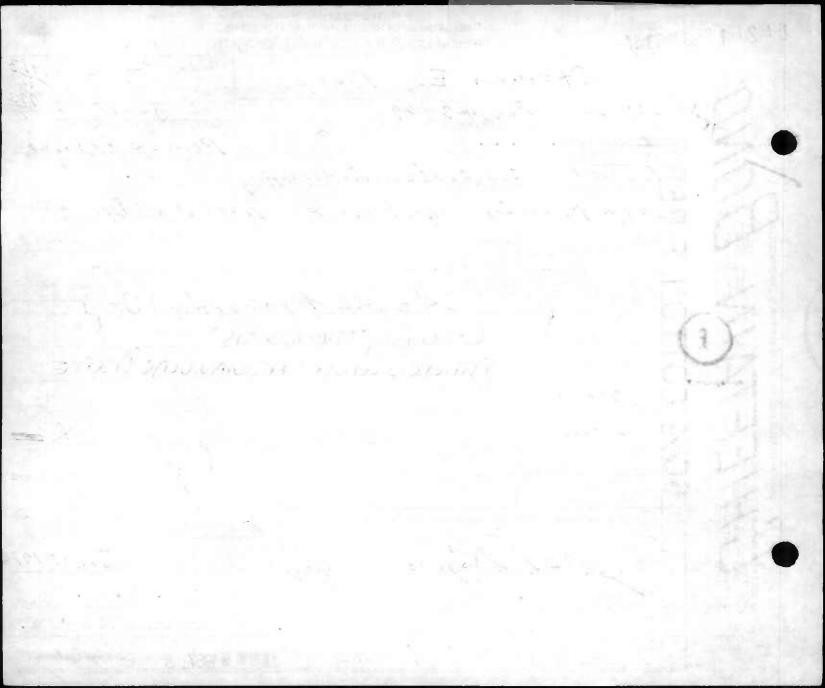
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

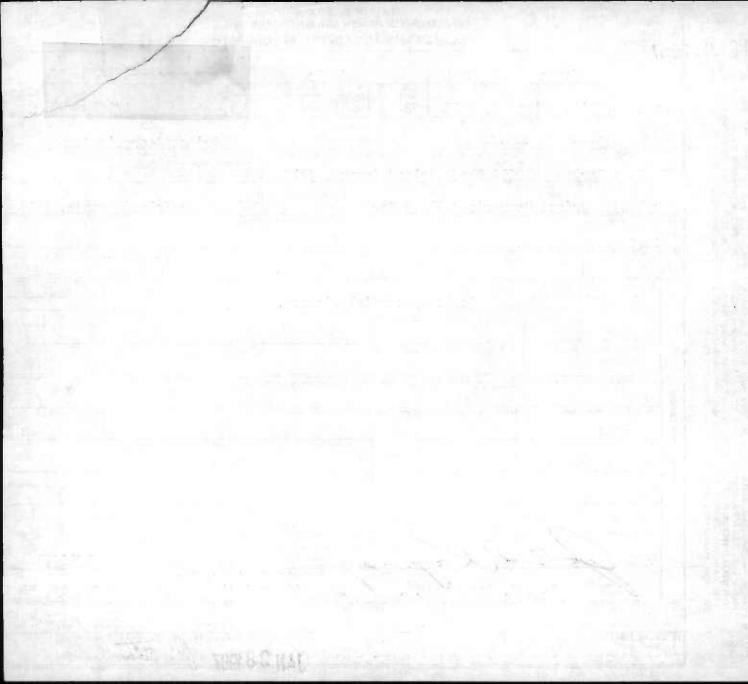
ŝ	REG. NO.	0	2	3	1	9
						_

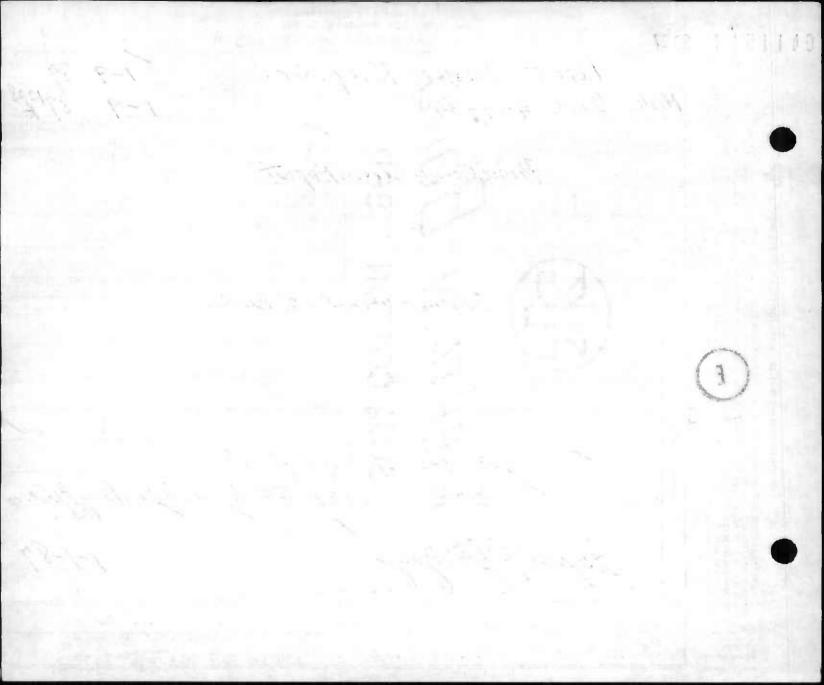
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	-
1. DECEASED NAME FIRST (TYPE OR PRINT)	abeth Williams	RECK		DAY YEAR 26 HOUR
3. SEX _	4. RACE	5. DATE OF BIRTH	January 14,1987	7:33 P
Female	Caucasion	3-25-19410		MONTHS DAYS HOURS MIL
BIRTHPLACE (STATE OR FOREIGN TENNSYLVANV	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DNORGED	9 BALTIMORE CITY OR COUNTY 7 Prince Ge	
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS (
Lanham USUAL RESIDENCE (IF NURSING HOME OF THE STATE AND	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE		MANUTACUU	10 10 21
Maryland A.	A. Co. Severn	YES NOTHER'S MAIDEN NA	3 STREET ADDRESS / ZIP CODE	stord CT.
William	MIDDLE Willion	na Pho	ebe MIDDLE	(AST
	RMED FORCES? INVENTED FORCES? INVENTED FORCES? INVENTED FORCES?	17 NO. 17 INFORMANT ROB	er T O. Rec	K (ABOVE
PART I. DEATH WAS CAUS	only one couse per line for (a), (b), and SED BY: ATE CAUSE (a)	ingocardial in	Harehon	BETWEEN ONSET AND DEAT
Conditions, if any, which	DUE TO, OR AS A CONSEQUEN		Heare	4 YEARS.
gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN	rselevsis.		15 YEARS
PART 2. OTHER SIGNIFICANT	conditions contributing to de		ainal disease or condition give ahl fes mellife	EN IN PART IO
190 DATE OF OPERATION 190 DATE OF OPERATION 210. MCCIDENT WAS UNDERLYING	Hombor Gu	PERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
T A CONTRIBUTION CALLES OF D		2.000	RED (ENTER NATURE OF INJURY IN ITEM IB P	ART 1 OR PART 2)
THE CONTROL OF THE CO	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ZH LOCATION	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	pital) attended the deceased from	10 8/	1/14	10 87 10000
sow the deceased alive a	1.1.61.	and that in (my) (suc) opinion	death occurred on the date and hou	r and from the couses stated
78E SIGNATURE	Uxeis	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
220 PHYSICIAN'S NAME (14PE) Roberto A		22e ADDRESS		1/17/8/
230 BUBBATTON STATE	Depetris Md	14300 9AUA		WIE Md 2071.
230. BURIA CREMATION, REMOXA	1-19-198-S	unset Mon.	PR CITY OR TOWN BUILD	CK Co. P.
24 FUNERAL DIRECTOR	H. SEVERNA P	1 TCM 1 H 1 1 250 DA	TE REC'D. BY REGISTRAR 456 REGIST	RAR SIGNATURE

Female Carted and a care that 7/4 Market State of the Control of the C Stad Bull Smith Town FO May and the first the first of the first Williams Williams Phrebe NO - INFORMATION I ROBER LARGER LARGER LARGER Entrance Till Salampagning Sunt Spire Standard Compagning Till School



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LIDECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-87 Wayne Hugh Riddle 19 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED May 8, 1923 87 Male White TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED X West Virginia U.S.A. Prince George's County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION STYPE OF WORK Unemployed College Park 9014 Rhode Island Avenue, #710 Unemployed 13e. STREET ADDRESS 3a STATE 13d. INSIDE CITY LIMITS? Prince George's College Park Maryland 9014 Rhode Island Avenue, #710 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Riddle Ceneva 17. INFORMANI (Brother) 629455 Firethorn Lane IAN WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN 233-42-8811 David W. Riddle Clarksville, Md. 21029 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: 1713 CANTILL WORD "PENDING", INTERNALLING THE CERTIFICALE, WRITING THE WORD "PENDING", INTERNALLING THE CERTIFICAL EXAMINER ALONG THE PART AND THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT OF FUNERAL DIRECTOR: STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, ATTENDARD AND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Acute myocardial disease. IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM FTC 1 CITY OR TOWN STATE Inspection X 22a. I certify that I took charge of the remains described above, held on Notural couses X death resulted from: Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 1/15/87 Deputy 1919 Seminary Road John S. Rogers, M.D ADDRESS Silver Spring, Montgomery County, MD 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION West Virginia 01/17/87 Burial Mt. Union Cemetery Morgantown 14 Danciosed Gasch's Sons Funeral Home, P.A. **DHMH - 17** 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5))





					ATE OF MARYLAN				
		FOR STATE			HEALTH AND ME			007	*
		REGISTRAR	MEI	DICAL EXAMI	NER'S CERTIFIC	CATE OF DEAT	H REG. No	1201	1
ľ		CEASED NAME FIRST	1 1 1	MIDDLE	LAST	20	DATE KNOWN	MONTH DAY YEAR	2 25/HOUR
t		BI Doris	13/-	endell	KobIV	VSOR	OF ESTI-	J22260F	78
Ē	SEX	4. RACE	5 DATE OF BIRTH	YEAR LAST BIRTH		IF UNDER 24 HRS. 20		MONTH DAY YEA	AR 2d HOLL
ľ		F 13/11	11213	0.1	YRS.	HOURS MIN PR	DEAD 7	to 22 10 F	7330
t		RTHPLACE (STATE OR	76 CITIZEN OF WE	ALCOUNTRY?	Ta .	1 9.	BALTIMORE CITY O	R COUNTY OF DEATH	11/10
Į		reign country) rth Carolina	United S	tates	MARRIED NEV	DIVORCED	Prince	- Georgi	A P ME
		TY OR TOWN OF DEATH		PITAL, NURSING HOA	AE, OR OTHER INSTITUT	TION 120 USUA	LOCCUPATION (TYPE	the beautiful to the be	BUSINESS STRY
l	-	Adala!	1036 11	CILITY GIVE STREET ADDRESS	t R.J. Ant		st of working life)	U.S.Cu	
t		AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMIS	SION)		21	6783	SCOMS
Γ	0.5	TATE 13h. COUN	s a Cana	13c CITY OF TOWN	oh YES T		ADDRESS 1	witt RIA.	11+2.
ŀ	14. F/	ATHER'S NAME	· COCATE	T V G G		R'S MAIDEN NAME	5/0,000	any	1 2
ı		onzo Robinson	MIDDLE	LAST	FI	red Robert	MIDDLE .	LAST	
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUR			ADDRESS	Wilmington	. Del.
١.	(Y)	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)					warmering out	, nar.
μ	VO			221-16-0	311 LITTOR	ed Holmes,	ZUIJ N.FFE		
ı		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	ily ane cause per line DBY:	for (a), (b), and (c).)	+ 11.	-/.	· , D:	APPROXIM BETWEEN ON	ATE INTERVAL
ı			TE CAUSE (a)	Non	0/0/0	CIVOL	21010	1	
			DUE TO, OR	AS A CONSEQUENCE	OF				
ı		Conditions, if ony, which gave rise to immediate							
ľ		couse (o) stoting the under	< ' '	AS A CONSEQUENCE	OF				
		lying cause lost.							
ı		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH (BUT NOT BELATED TO THE TEL	MINIAL BICCACE OB CONDUCTION	CIDED IN BARY 1			
I	Z		~ c	SOUTH OF SECURED IN THE IEI	WINNE DISEASE OF COUNTING	OUTEN IN FART 1 (0).			
ł	TIC	190. DATE OF OPERATION		ION FOR WHICH OPE	RATION WAS PERFORA	MED?		Ton AUTODS	EV2
	FIC	Non		.oon which ore		, , , , , , , , , , , , , , , , , , ,		20 AUTOPS	
	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF	INTERV	21, HOW BUILDY	OCCURRED THE	100 OC 1010 OC 1010	YES _	NO
		UNDERLYING OR	HOUR A,M	MONTH DAY YEA	AR AR HOW INJURY	OCCURRED (ENTERNAT	URE OF INJURY IN ITEM 18 P.	AKI I OR PART 2)	
	CA	CONTRIBUTING CAUSE OF							
	MEDICAL	21d INJURY OCCURRED WHILE IN NOT WHILE IN	STREET FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	«	AT WORK AT WORK		, ,				COUNTY	Sinit
		220 I certify that I taak char	ne of the remains der	cribed above held	Autapsy .	Inspection	Inquiry . one	d in my annua	
			13					d in my opinion	
		death resulted from: Natu	rol couses	Accident, S	vicide		mined manner,		
		ACTUAL /	001		TITLE (SF	PECIFY)		DATE To 2-	11911
ł		SIGNATURE CO	0	105000	M.D.	MEDICA MEDICA	AL EXAMINER	SIGNED ZINE	21987
		EXAMPSE S NAME			/				
L		TYPE OR PRINT)			ADDRESS				
1	3e.Bl	URIAL, CREMATION, REMOVAL	36 DATE		METERY OR CREMATO	CITY OR	IOWN	COUNTY	STATE
L	Cr	emation	1/30/87	Silverb	rook Cremat	ory Wil	mington, .!	Delawares	
	24. FL	NERAL DIRECTOR	ADDRESS	belong to disconnections		SE DATE REC'D. BY RE	GISTRAR 256 REGIS	STRAR'S SIGNATURE	J.L.
	Mc	Guire Funeral S				1	-		
		The same of the sa							

Lnited States orun Derolin

Attorney

! . . Cuetoms

Lonzo Robinson

nostredo beabli.

dinington, el.

227-16-0311 Mildred Joines, 2013 M. Frinklin St.

Laten

78/ .: ' .

Rolling Green Park

Geshington, DE

West Chester, Pernsylvania

McGuira uneral Service, 740 Ceorgis Ave.W.U.

3429

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. I	NO.	0	2
OF	DEATH	MONTH	DAY	Y

-		STATE REGISTRAR			ICATE OF DEATH	S REG. NO	0 2	3 /	3
		SEASED NAME LLESON E	WELL		OCHE	20. DATE OF DEATH	1-30-	87 8: HC	25 P
	3. SE X	(4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT		RIYEAR IFUND	DER 24 HRS
		Female	Cau	MONTE	- 74-1890	8.7	YRS	DAYS HOURS	MIN.
-	7a. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WE	IAT COUNTRY?	271017	9. BALTIMORE CITY O		ATH	
1	M	aryland	U.S	.A. WIDOWE		Prince	George	E'S	MD.
1	0	Clinton	Souther	SPITAL, NURSING HOME (ACILITY, GIVE STREET ADORESS) MARY VIAN	1 1 1	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewi	WORKING LIFE) IND	KIND OF BUSIN DUSTRY Domest	
1	13a. S M a	aryland Ch		residence before Admission) c. CITY OR TOWN Waldorf	YES NO T	13eSTREET ADDRESS / Mattawom	ZIF CODE		Rd.
1	1	THER'S NAME FIRST lexander	I. Cle	ements	15. MOTHER'S MAIDEN NA/ FIRST Mary	ME MIDDLE E.		20601 Ne a 1	
3		AS DECEASED EVER IN U.S. A	RMED FORCES? 16	b. SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
1	NY.	NO OR UNKNOWN) (1F YES, G	IVE WAR OR DATES)	77-34-7709	James E. R	oche Jr.,	Same A	s 13ab	cde
		18. CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate cause (o), stofting the	DUE TO, OR A	landio pul	souler Al	rrest eident	8	APPROXIMATE INT BETWEEN ONSET AP	ERVAL ND DEATH
_	NOIL	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BUT	re.				
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🏋	20b IF YES, WERE IN CERTIFYING O	FINDINGS US CAUSES OF DEA NO	ATH?
7	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED	HOUR A.M. P.M. 21e. PLACE OF	MONTH DAY YEAR 19 INJURY	216. HOW INJURY OCCURR				Land .
	W	WHILE NOT WHILE 220.1 certify that (I) (this hasp		FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	NN CO	UNITY	STATE
		sow the deceased alive a obove, (I) (we) (did) (did n	1-31	0 — 19 <u>87</u> , or ler death.	nd that in (my) (dur) apinion o	death occurred on the do		ram the causes	
ı		276. SIGNATURE	nach		M.D. ATTENDING PHYSICIAN	MEDICAL STAF	F	1-30-8	
		RAHL	GITIJA	SHANKAR		es Prof. rf, Maryl			
		URIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	236. LOCATION	LOUN	Ty	STATE
		Burial	2-3-87	Gate C	f Heaven	Silver	Spring,	Mont.,	Md.
	24. FU	INERAL DIRECTOR			25a DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumatic

The Huntt Funeral Home, Waldorf, Md.

FEB 3

1987

Control of the set of Carolic Browning and Conclusionales Accordent - 18 - 18 - 1 - 18 ME - F8 - 18 - 1

STATE OF MARYLAND

042694 FEB-	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO. 0 2 8 7	
3 7 f	I. DECEASED NAME FIR		Roland	January 27, 1987 10:00)
pr 4 may sclar, pog n after de	3. SEX Female	Caucasian	5. DATE OF BIRTH April 19, 1965	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 241 MONTHS DAYS HOURS A YRS.	HR5
earth. Pas in 77 hour	70. BIRTHPLACE (STATE OR FOREKE VASHINGTON, D.	7b. CITIZEN OF WHAT COUNTI	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George's	
201	Glenn Dale	11. NAME OF HOSPITAL, NUF (IENOT INSUCHFACILITY, GIVE ST 10800 Po tomac	RSING HOME OR OTHER INSTITUTION REET ADDRESS) Street	120 USUAL OCCUPATION (Types of work for most of working use) Secretary - Ret. Teamsters	2
AND 212 AND 212 AND 212 Thought be	13a, STATE 13b.	ome or other institution, give residence be COUNTY 13c. CITY OR TO Cince George Glenn	OWN 134 INSIDE CITY HMITS?	13e.STREET ADDRESS / ZIP CODE 10800 Potomac Street	9
MARYL	u father's name first Austin	MIDDLE LAST Jarbo	oe Martha	AME Garner Garner	Ī
IMORE,	160. WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	.S. ARMED FORCES? 166. SOCIAL SI YES, GIVE WAR OR DATES) 578-10		10800 Potomac Street Glenn Dale, Maryland	
T., BAL1 Tifficate to physicial mipapers remayal.		Mer only prie coose per le for (a), (b), AUSED BY, MEDIATE CAUSE (a)	Liopulsus su	g anex MINNER ORDITANDOR	tes
Ston Seath cer seath cer remaining we corbo	Conditions, if any, wh	DUE TO, OR AS A CONSE	OHENCE Congestion	à trois failes	
1 W. PRI fron the c by the c case remond		DUE TO, OR AS A CONSE	QUENCE OF SECULE Ch	rome lung process	
RDS, 20 requires 1 requires 1 Them pile 1 the buring injury, or injury, or	PART 2 OTHER SIGNIFIC	ant conditions <u>contributing</u>	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110	
OF VITAL RECORDS, CLAN The law requir s physician. Interpretate best been vig althorate perior to be that thygiene prior to be then 18 harm, and on	190 DATE OF OPERATION	196, CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO	
	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
VISION USION C PHYS otherding or the but mid Me	21d INJURY OCCURRED HILE NOT WHILE [ORK ALWORK	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN COUNTY STATE	8

IAN'S NAME

276 SIGNATUR

Bupia

22e. ADDRESS

DEGREE

ATTENDING

73c NAME OF CEMETERY OR CREMATORY Glenwood Cemetery

23d LOCATION Washington,

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR

sould be detached for the the State Dept. o

ORTANT, II He

IN FUNERAL-BARECTOR George P. Kalas Funeral Home

3/30/87

271 I certify that (I) (this haspital) attended the deceased from

above, (I) (we) (did) (did not) view the body after death.

6160 Oxon Hill Rd. Oxon Hill. Md.

250. DATE REC'D. BY REGISTRAR 25 TRECISE TO THE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

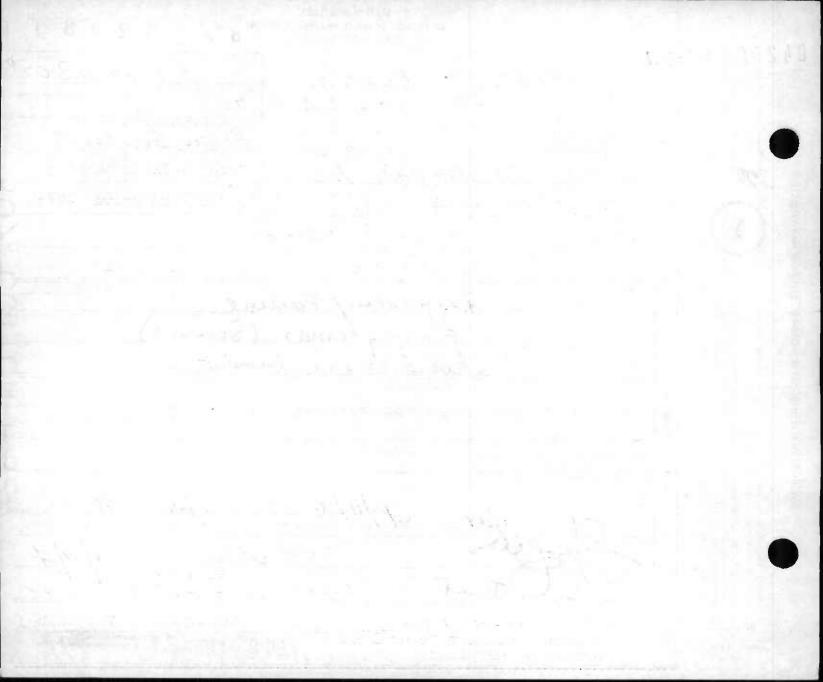
22c. DATE SIGNED

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Maryland

Suitland

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	-

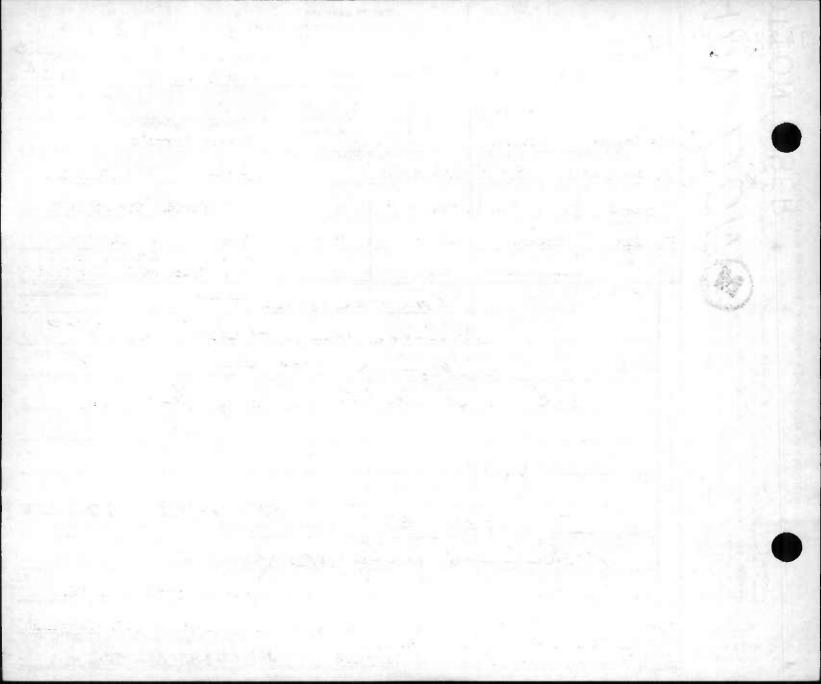
- 1								20.110.		3
1		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DE	ATH MONTH	DAY YEAR	26. HOUR A
		MARY	LAURA	KIDD	EK	ROSS	January	18, 198	37	9:00 m
-	3. SEX	(4 RACE		5. DATE C		6. AGE IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Fe	male	Caucasi	an	Feb.	6, 1915 YEAR	71	YRS	MONTHS DAYS	HOURS MIN.
/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE	ITY OR COUNT	Y OF DEATH	
	Mi	SSISSIPPI	U.S.A.		WIDOWE	D NEVER MARRIED U	Prince	George	s	MD.
1	II CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	170 USUAL OCC	UPATION MOST OF WORKING		F BUSINESS OR
1	W.	. Hyattsville	2008 SI	neridan S	treet		Teacher		Educa	ation
-	USUA 130. S	AL RESIDENCE IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADD	DESS / 71D COL	DE.	
2				W. Hyatts			2008 SI	neridan	Street 2	20782
	_	THER'S NAME				15. MOTHER'S MAIDEN NA	AME			
4	นาง	lliam Ric	hard	Kidder		Mary	Laura	DDLE	Shirle	o V
A		VAS DECEASED EVER IN U.S. AI		16b. SOCIAL SECU	RITY NO.	2		ADDRESS AT		20782
	NO		VE WAR OR DATES)	428-14-8	2647	Burr D. Ros				
1	MO					Dull D. Ros	3, 01., 1	iyattsvi		MATE INTERVAL
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ED BY:	line for (a), (b), one	dici.	ine man	. /		BETWEEN	DISET AND DEATH
		IMMEDIA	TE CAUSE (o)	Cec	CO	are are		-		
			DUE TO, O	R AS A CONSEQUE	NCE QF	1	-tolo	0 .	2	
		Conditions, if any, which gave rise to immediate	(b)	enco	ece	- rue	y yes	, help		0 a 2 a 2 a 2
		cause (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF	a Visa	1		1 4	7000
			(c)	Jeer		5 -				
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING 10 E	DE ATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OF	R CONDITION G	IVEN IN PART 10	
4	CERTIFICATION	a		_d 0	esc	· l	(ong	2 100 15 4	R WEST SINIS	100
1	ICA ICA	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		ES, WERE FINDIN IFYING CAUSES	
Bell	RTIF							-65	YES 🗌	NO 🗌
7		71a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	216. TIME C	PFINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)	
	S A	IF EITHER, NOTIFY MEDICAL EXAMINE		M.	19	1				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	ARM FIC \	211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	THE NOME: ST	ice, racion, orrice, r	Ann, ere j					790
		220.1 certify that (I) (this hosp	ital) attended th	e deceased from_		.5 19 8	Z, to	-/06	. 19 8 7.	that (I) (we) last
		saw the deceased alive a above, (1) (we) (did n	nt) view the hady	ofter depth	G /. or	nd that in (my) (our) o pinion	death occurred or	the date and he	our and from the	couses stated
		27b. SIGNATURE	7	oner deam.	1 0	DEGREE			22c. DATE	SIGNED
		NIK	el	-16	ille	4 / LEWYSICAN	MEDICAL DIRECTOR [STAFF PHYSICIAN [1-1	9-87
		22d PHYSICIAN'S NAME (1991	GR PRINTI			The ADDRESS	1			
		J. Richard Li	11v		/	5804 Baltim	ore Ave.	Hvatts	sville.	Md.
-	73a R	SURIAL, CREMATION, REMOVA		73r N	NAME OF C	EMETERY OR CREMATORY	73d. LOCATIO			
)	SPECIFY)					CITY OR T	OWN	D C M	STATE
1	լ քն	rial	1-21-8) Ge	orge I	Washington Ce	m, nyatt	sville,	r.G., M	aryranu

DHMH - 16 60M 7/84

MPORTANT, If Item 21 is

FRANCIPSE GASCH'S SONS FUNERAL HOME, P.A. 4739 Baltimore Ave., Hyattsville, Maryland (VRA 15, 4)

JAN 28 1987 Julia, School



recuted within 24 hours ofter

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
STATE REGISTRAR	CERTIFICATE OF DEAT

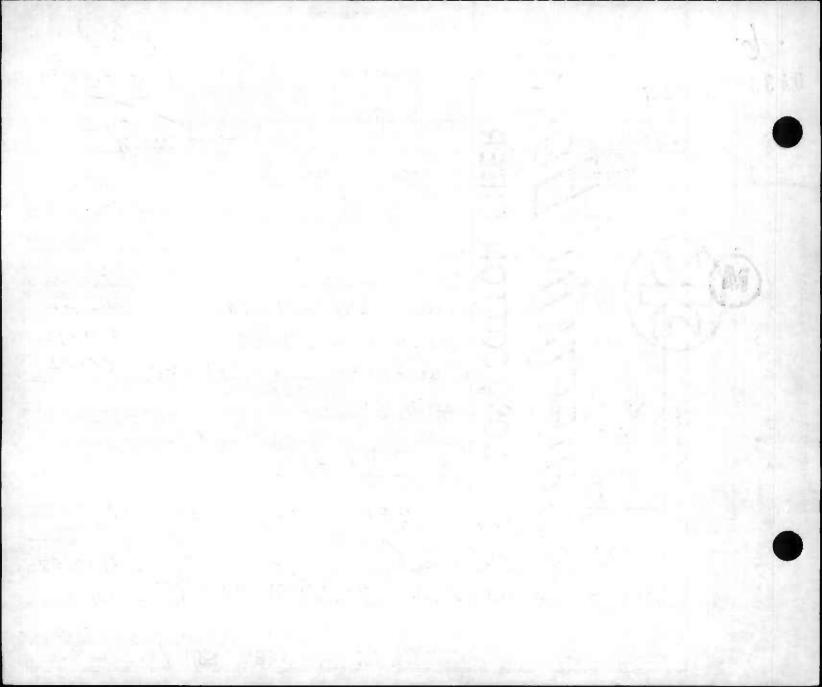
8	REG. NO.	0	2	d	8	6
	ME OTTO					-

1 - STA			DEI		FICATE OF DEATH	GIENE & REG. NO	0	2 8	8
I. DECEAS	ED NAME	lenry	F.	Rout	h f o m	20 DATE OF DEATH	MONTH DAT		26 HOUR
A			г.			2 105	1 30		7 /
Male		4 RACE		MONT		6 AGE (IN YEARS LAST BIRT			HOURS /
	LACE (STATE OF		casian EN OF WHAT COU		7/20	66	YRS.	F DE AVII	
COUN	Island	U.S.		MARRIE WIDOWI	DEXNEVER MARRIED	Prince	_		
	R TOWN OF DEA	ATH 11. NAA	AE OF HOSPITAL, N	IURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON	126 KIND OF	
	Riverd	lale L	eland Me	emorial	Hospital	Delivery M	F WORKING LIFE)	Plaz	а
Mary		13b. COUNTY Pr. Geo's	13c. CITY OF		13d INSIDE CITY LIMITS? YES AS NO	13e STREET ADDRESS / 9/15 Narra	ZIP CODE gansett	t Pkwy.	20
14 FATHE	S NAME				15 MOTHER'S MAIDEN NA				
	unknow	MIDDLE	LA	ST	Eva LaMarr	WIDDLE		LAST	
		IN U.S. ARMED FOR		L SECURITY NO	17 INFORMANT	ADDRE	SS		
No IVES N	O OR UNKNOWN)	(IF YES, GIVE WAR OR D	032-0	5-5458	Jeanette R.	Routhier :	Same as	s #13	
18.6	AUSE OF DEAT	H (Enter only one ca	use per line for (a),	(b), and (c).				APPROXIM BETWEEN ON	ATE INTERV
	PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE	(a) Car	dias.	Dys nhyT	mia		Miga	, fes
ca un PAI	ve rise to imruse (a), statin derlying cause	g the DUE			NOT RELATED TO THE TERM		EASE.	Y e	ins
CERTIFICATION 510°	DATE OF OPERA	1-011011	10 100	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDING NG CAUSES O	GS USED OF DEATH
00	ACCIDENT WAS UNI	AUSE OF DEATH HO	TIME OF INJURY UR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCUR		Y IN ITEM 18 PART	1 (OR PART 2)	
	INJURY OCCUR	RED 21e I	PLACE OF INJURY		211. LOCATION	CITY OR TO	A/bi	COUNTY	STA
- VV 1-	ORK NOT WE	TILE	OWE SIKEEL FACTORY (DEFK,E, FARM ETC)	SINCE	- 1			31.
22a.	certify that (I)	(this hospital) atten	ded the deceosed	from 1/2	-5 198/		0 19	, th	ot (I) (we
	saw the decease above, (1) (we) (ed alive on	e body after death.	19 6 , 0	nd that in (my) (our) opinion	death occurred on the do	ite and hour a	ind from the co	uses stot
	SIGNATURE	lane	Worl	hal	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		22c. DATE S	IGNED O P
22d.	AUL A	AME (TYPE OF PRINT)	DRE, M	1,2,	4203 Ove	ensbury K	rael	20781	
(SPECI	L, CREMATION,			23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	\$14
But	ial	2/2			on Nat'l. Cen				
24 FW1E8 473	hers Gar 9 Baltin	sch's Sons	Funeral	Home, P sville,	A. Md. 20781	EB 6 4 1987	2 .	AR'S SIGNATU	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



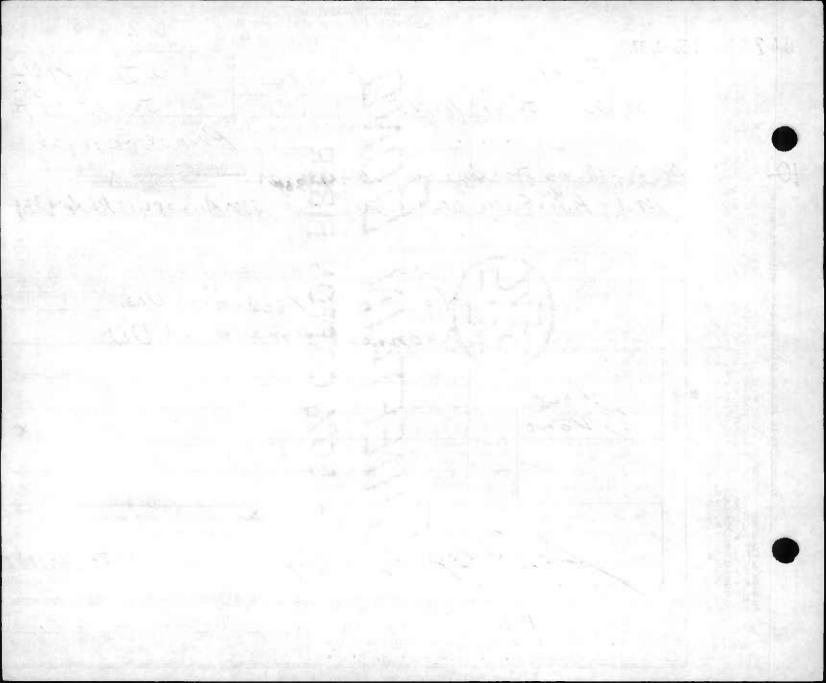
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO P DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF NICE ARY, PLEASE INFO DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS DATE MONTH PRONOUNCED July DEAD 9. BALTIMORE CITY OR NEVER MARRIED PENNSYLVANIA U. S. A. 11. NAME OF HOSPITAL, NURSING HOME, OR MERCHANT-OWNER HARDWARE 14. FATHER'S NAME JOSEPH CLARA MOGELEFSKY 16b. SOCIAL SECURITY NO 17 INFORMANT 4749 NEPTUNE DRIVE 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? HIRSCH. ALEXANDRIA, VIRGINIA 82-09-3523 18 CAUSE OF DEATH (Enter only one cause per line for (a RETWEEN ONSET AND DEATH USED AS A BURÍAL TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, POIAL CREMATION DEREMOVAL PART I DEATH WAS CAUSED BY MOVAL IMMEDIATE CAUSE (o Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o 19a DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CY TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE I AFTER DEATH, WITH THE STATE DEPARTMENT OF BAGLIJMORE, MARYLAND, 21201 PRIOR TO BUT BAGLIJMORE, MARYLAND, 21201 PRIOR TO BUT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC. CITY OR TOWN STATE COUNTY Inspection A 220. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Natural causes death resulted fram: Homicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE 1919 SEMINARY ROAD DR. JOHN S. ROGERS, SILVER SPRING. MARYLAND (TYPE OR PRINT) 235 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY BURIAL 1/29/1987 MOUNT SHARON CEMETERY

07/84 25M

DHMH - 17 (VR A15 ME (5))

SPRINGFIELD, DELAWARE,

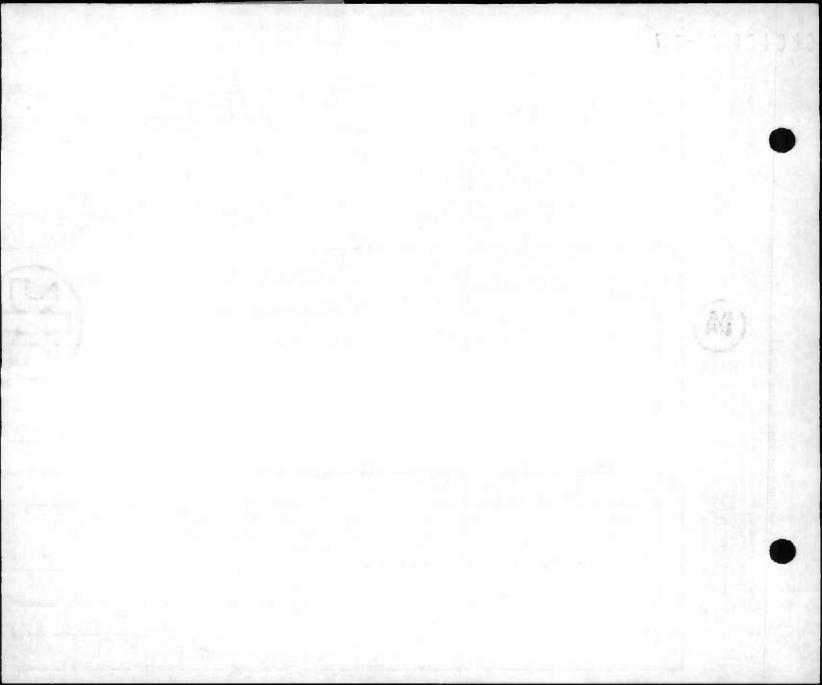
DONATO MISTOSTEIN HEBREW MEMORIAL FUNERAL 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 232 CARROLL STREET. N. W., WASHINGTON, D. C.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN X . DECEASED NAME (TYPE OR PRINT) OF ESTI-Richard DEATH MATED 1/3 Roy 4 RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IE UNDER 24 HRS 7 630 DATE LAST BIRTHDAY PRONOUNCED A. **Black** Mar. 13, DEAD Male In BIRTHPLACE ISTATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED XX Prince George's County Oklahoma USA ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 5316 Altoona Street OR INDUSTRY Retired Capitol Heights | 136. COUNTY | 136. CITY OR TOWN | 13d. INSIDE | Prince George's | Capitol Heights yes | 5316 Altoona Street 13d. INSIDE CITY LIMITS? Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Martha Dansby Bert Rov 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. IYES NO OR LINKNOWN) Brenda Gleaton-friend-5316 Altoona 22 1366 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Metastatic carcinoma IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which carcinoma of the stomach. gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. EXECUTE THE CERTIFICATE. WRITING THE WORD."PENDING." IN P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to None 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH None 214 INJURY OCCURRED 71e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK COUNTY STATE 220 I certify that I took charge of the remains described above, held an Inquiry X Inspection and in my opinian death resulted Irom Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Deputy 1/3/87 1919 Seminary Road ADDRESS Silver Spring, Montgomery County, MD XAMINER'S NAME John S. Rogers, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial Arlington National Cemetery Arlington, Va 07/84

24 FUNERAL DIRECTOR

DHMH - 17 (VR A15 ME (5))



DHMH - 16 60M 7/B4

(VRA 15, 4)

	STA	TE	OF I	MA	RYL	AND	
PARTMEN	TOF	ME	AIT	HA	MD	MENT	A

1	REGISTRAR			DEI ARTI	CERTIF	ICATE OF DEATH	LIIIOII	8 / REG. NO.	20	0 4	
	CEASED NAME	FIRST		MIDDLE	l.	LAST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	2
Elizabeth Innes		RUSS	ELL	40	January 4, 198	37	5:05	P M			
3. SE	X		4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY		
	FEMALE		WHITE		JUNE			60 YE		5 HOURS	MIN.
	IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED		9 BALTIMORE CITY <u>OR</u> COU	NTY OF DEATH		
	COTLAND		U.S.A		WIDOWE			Prince Geo	orge's		MD.
10. ⊂	ITY OR TOWN OF DE.	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	N	120 USUAL OCCUPATION		OF BUSINES	SS OR
L	anham					Pr. Geo.	Co.	ACCOUNTANT		OUNTI	VG-
	AL RESIDENCE (IF NUR	13b. COU		GIVE RESIDENCE BEFOR		113d INSIDE CITY LIMI	TC2	13e.STREET ADDRESS / ZIP C	ODE		
130.	Md.		.C.	GREENBEI		YES X NO			R PKWY.	20770)
14. F.	ATHER'S NAME		WIDDIE	LAST		15 MOTHER'S MAIDE	NNAM	Æ			
	ALEXANDE	TR.		CKTLLOP		ET.TZAB	ਸਧਾਸ	MIDDLE	STEWART	AST	
	WAS DECEASED EVER	IN U.S. AF	MED FORCES?	160. SOCIAL SECL	IRITY NO.	17 INFORMANT		ADDRESS	SILIMANI	N.T.	.07724
	NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	578-42-5	050	VINCENT R	USSE	ELI. 97 A. WH	ITE ST	EATON	
	PART I. DEATH V Conditions, if ony gove rise to im cause (a), stati	VAS CAUSI IMMEDIA , which mediate ng the	DUE TO, O	nyp	NOTE	m wn	in	liquia	APPRC BETWEE	DXIMATÉ INTERV N ONSET AND D	AL EATH
CERTIFICATION	PART 2. OTHER SIG	nle	~ C	Muy	or	NOT RELATED TO THE	TERMIN		YES, WERE FIND	DINGS USED	
TIFIC	Elevanor		1					YES NO NO IN CE	RTIFYING CAUSE	ES OF DEATH	
	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DE	AIH		AY YEAR	21c HOW INJURY OF	CCURRE	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		
MEDICAL	214 INJURY OCCUR	HILE	21e. PLACE (AT HOME, STO	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CA	CITY OR TOWN	COUNTY	ST	ATE
	22 1	Man bear	and hardedoor store		00.	10	A.A.		10	1	- > 1 4

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

1-8-1987

22e ADDRESS

MEDICAL STAFF ATTENDING PHYSICIAN

Lewis H. Dennis, M.D.

831 Univ. Blvd.E, Silver Spring, Md. 20906 23c NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

GATE OF HEAVEN CEM.

and that in

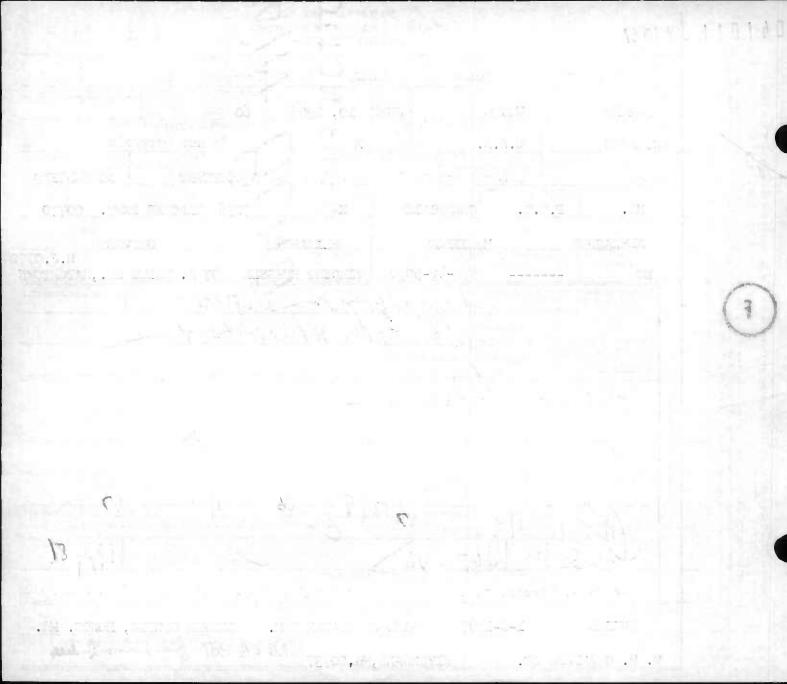
DEGREE

23d LOCATION
CITY OR TOWN
SILVER SPRING, MONTG. Md.

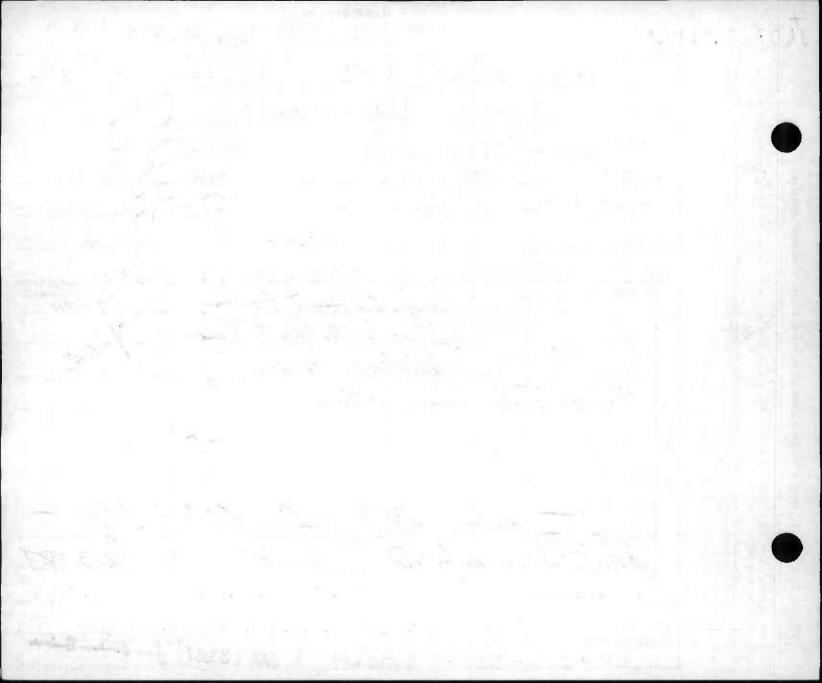
24 FUNERAL DIRECTOR W. W. CHAMBERS CO.

RIVERDALE, Md. 20737

our) opinion death occurred on the date and hour and from the causes stated



	1			STATE OF MARYLAND	
0703 MM I	1.19	FOR	DEPART	MENT OF HEALTH AND MENTAL H	YGIENE AND 2 0 0
O I U J WHI I		REGISTRAR		CERTIFICATE OF DEATH	OO3 HILL O
m =		CEASED NAME FIRST	WIDDLE	CD V A 1 A	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
may be page 3 ter death		MARY	LOUISE	RYAN	Jan. 3, 1987
mod po	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF MORE I YEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN.
ge 4 ector	F	emale	Caucasian	MARCH 2 1896	
Po di Po		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
death.		ew York	U.S.A.	WIDOWED DIVORCED	
10:10		iverdale	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 6111 Roanoke Av	NG HOME OR OTHER INSTITUTION IT ADDRESS)	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE 12b. KIND OF BUSINESS OR INDUSTRY OWN HOME
in b	UśU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		
45 P. E. E. E. E. E. E. E. E. E. E. E. E. E.	13a. M	aryland Prin	ce Geo. Riverda	ale 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 6111 Roanoke Ave. 20737
Sept 1	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME MIDDLE LAST
and and and and and and and and and and	M	arius	Simeon	Catherin	
d co		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS
n and c	N		579-20-1	1942 Catherine R	lyan, Same as Line #13
hysicial baggers. avaf.		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), a		APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
0.5 8		PART I. DEATH WAS CAUSE		gestive Heart	Failure 4 weeks
h, cert nding carbor or ret			DUE TO, OR AS A CONTRA	JENCE OF / 1	4D 1
e death a affend mave co iation, c		Canditians, if any, which	(b) Inless	coscleration Hear	1 Visense V.
by the or see remoth.		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AN A CONSTRAIN	Steeri Gene	and and
plea print,		DART 2 OTHER SIGNIFICANT	TO	DEATH BUT NOTAELAYED TO THE YE	RMINAL DISEASE OR CONDITION GIVEN IN PART 11a
quire sign hen ta be	Z	nellen 9	1. sella- rie	E Transparent	RMINAL DISEASE OR CONDITION GIVEN IN PART TIO
w re	CERTIFICATION	19a DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
n. n. n. n. n. n. n. n. n. n. n. n. n. n	문				IN CERTIFYING CAUSES OF DEATH?
N: The hysicio	1	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCC	YES NO YES NO URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
phy phy phy phy phy phy phy phy phy phy		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	
HYSICIA iding ph is certifi buriol-tr Mental ar Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	
DING PH or after th After the e as the alth and marked a	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN COUNTY STATE
NS: A SE Heal			tal) ayanded the deceased from	1906	that (I) that (I) the last
ATTE Ispin CTC CTC d for 1. of n 21	1 -		t) yew the bady after death.		an death occurred an the date and have and from the couses stated
OR A DIRE DORE Dept.		ZZK SIGNAJORE ET	1 10	DEGREE ATTENDING	MEDICAL STAFF
. 4 . 2	1	AMMI V.	reman to 11	PHYSICIAN	
HOSPITAL ined by the FUNERAL wild be det h the State 'ORTANT:		PHYSICIANIS NAME (TYPE C		22e ADDRESS	
TO HOSPITAL etained by to TO FUNERAL shauld be det with the State IMPORTANT:		John F. Brenn	an, Jr.	3415 Hamilt	on St., Hyattsville, Md. 20782
5 6 -23 ₹ <u>1</u>	23a. I	BURIAL, CREMATION, REMOVAL	23b DATE 23c.	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN COUNTY STATE
BP		(SPECIFY) urial	1-07-87 Ar	lington National	Cem. Arlington, Virginia
DHMH - 16 60M 7/84	2417	RANG PSECGASCH'S	SONS FUNERAL HOM	1E. P.A. 25a.D	ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(VRA 15, 4)	4	739 Baltimore A	ve., Hyattsville	, Maryland	JAN 13 1987 8 June Bearing



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	2	8	d	1

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
	1. DECEASED NAME FRST (TYPE OR PRINT) RIGHA		SAINT	20 DATE OF DEATH MONTH JAN	27 1987 25. HOUR 27 1987 1:15Pm		
1	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
١	Male	Caucasian	June 20. 1920	1 66 YRS			
1	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OF COUNT			
	Illinois	U.S.A.	WIDOWED DIVORCED	Prince Geo:	rges MD.		
ij	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OF		
	Andrews A.F.B	Malcolm Gro		Chief Radiom	an U.S. Navy		
100	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 131, COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NET PROPERTY OF TOX		13. STREET ADDRESS / ZIP CO 2526 Lisa D:			
1	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	1241		
	Richard	Saine	Orpha	MIDDLE	Heck		
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS			
0	1937-1963 Ye	s 332-10	-8789 Florence	J. Saint -San	me as #13-		
	PARTI. DEATH WAS CAUSE	nly ane cause per MARDIOVI ED BY: TE CAUSE (a) Candio U		APSE 2050	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	IMMEDIA						
	Conditions, if any, which gave rise to immediate	(b) Acute	Gastrolhtestinal	Breeding			
	cause (a), stating the underlying cause last	couse (a), stating the DUFTO OR AS AND NOTION CTRRHOSTS					
,	PART 2. OTHER SEPTEMENT	10	Sepsis Alcohol	ic Coaquepatt	hu		
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTORUNY? 20b. IF Y	WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO		
1	OR COLUMN TURN OF THE	AIR	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM II	8 PART I OR PART 2)		
1000	OR CONTINUOUS CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TOWN	COUNTY STATE		
	220.1 certify that the (this hasp saw the deceased alive ar	oital) attended the deceased fram, n. 27 June 19		, ta 27 January			
	The Signature	Mapas		MEDICAL STAFF DIRECTOR PHYSICIAN	27 Jan 87		
	22d. PHYSICIAN'S N. 764	MAPES, CEPT, USAF, MC	22e. ADDRESS		20331-5300		
	∠13-3∠-3(Maleolm	0	MALCOLM GR	OW MEDICAL CENTE	R ANDREWS AFB MD		
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY eterans Cemeter	- CITY OF TOWN	, PIN Geo STAMO		

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Huntt Funeral Home P. D. Box 156 Waldorf, Md 20601

Veterans Cemetery Cheltenham, Pr. Geo.,Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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			STAT	E OF MARYLAND		
	FOR STATE REGISTRAR	DEPARTA		IEALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. NO.	2 3 3 3
1 IAN 22	CEASED NAME FIRS	h Ebtehaj	Sam	AST	20 DATE OF DEATH MONTH	9 87 1328 M
s after d	3. SEX Ale	Tranian \	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
n 772 hou	70. BIRTHPLACE (STATE OR FOREIGH	76. CITIZEN OF WHAT COUNTRY? Iran	8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR COL	
1	Takoma Park	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Seventh Day Adve	ADDRESS)		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Iranian Gover	126. KIND OF BUSINESS OR
Build be	13a STATE Não	me or other institution, give residence before COUNTY 13c, CITY OR TOW Chevy Ch	N	13d. INSIDE CITY LIMITS? YES 🔼 NO []	13, STREET ADDRESS / ZIP	CODE #920 8 5
and 2 a	Issa FATHER'S NAME	None Samii		Omi FIRST	None MIDDLE	Samii
Pages	160 WAS DECEASED EVER IN U.	S. ARMED FORCES? 166, SOCIAL SECU ES, GIVE WAR OR DATES) None	IRITY NO.	7 INFORMANT Fatola Samii	(Cousin) Same	As #13
physics in poper emosal.		ter anly one couse per line for (a), (b), and AUSED BY: EDIATE CAUSE (a)	Cic	maco	Blada	APPROXIMATE INTERVAL 8ET WEEN ONSET AND DEATH
1 00° 00° 00° 00° 00° 00° 00° 00° 00° 00	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF	no Rent	Faily	ul.
bythe content other to	gave rise to immediate couse (a), stating the underlying cause last	TO DUE TO, OR AS A CONSEQUE	ENCE OF		0.0	
Then ple The burio	PART 2 OTHER SIGNIFICA	ant conditions <u>contributing to </u>	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 110
per prio	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
writicote intol Hyp wer 18 st	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
ter this of the bond Me rked or h	(IF EITHER NOTIFY MEDICAL EXA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC]	2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: At forward of Health 21 is ma	22a I certify that (I) (this saw the decensed all above (In two chall d	hospital) attended the deceased from	12	-29, 1985 nd that in (my) (our) opinion (deoth occurred an the date and	719, that (1) (we) last d hour and fram the couses stated
AL DIREC Setoched ste Dept. T. # Hem	27% SIGNATURE	Valt	V	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [17t. DATE SIGNED
O FUNER hould be of whole the She WPORTAN	726 PHYSICHUS MAME I	LI. NAF	ćν	3921	- Ferran	en Dr. S.S.
25337	230. BURIAL, CREMATION, REMO (SPECIFY) Burial	The second secon		EMETERY OR CREMATORY Gardens	23d LOCATION CITY OR TOWN Falls Church	n Arlington Va.
- 16 60M 7/B4 RA 15, 4)	24 EUNERAL DIRECTOR Color Color	DeVol Funeral F 2222 Wiscon. Av	Home,	Inc. 25a. DAT	1 6 1987 (Line	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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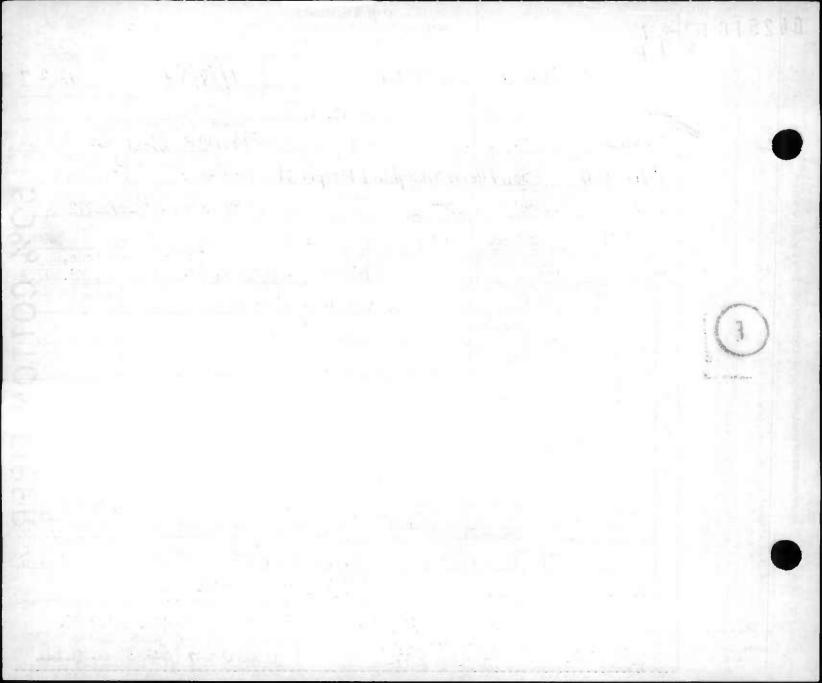
STATE OF MARYLAND

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DEPARTM	ENT O	F HEA	HTJ	AND	MENTAL	HYGIENES
					DEATH	-

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042516 FEB	-P	FOR CATATE			DEPART		OF MARYLAND EALTH AND MENTAL HY	GIENS /		0 2 8	7 4
	4	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
noy be poge 3		CEASED NAME OR PRINT)	Mila	lred E	with Sassi	_	AST	20 DATE OF D	ATH MC	Z DAY YE	12:9 A
To po d	3. SE)		4	. RACE		5. DATE C		6. AGE (IN YEAR	S LAST BIRTHD		YEAR IF UNDER 24 HRS
		Male		White			ne 12, 1903		83	YRS	
P. P. P. P. P. P. P. P. P. P. P. P. P. P	0	RTHPLACE (STATE OR FO	DREIGN 7		WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE	CITY OR	COUNTY OF DEAT	
deo de		ary land IY OR TOWN OF DEAT	TH 1	U. S.		WIDO WE	DIX DIVORCED PROTHER INSTITUTION	12a USUAL OC	CUPATION	George	ND OF BUSINESS OR
ors ofter	(linton		SOUT !	Pern Tha	ry/2nd	1. HOSPITAL	Homema	R MOST OF W	ORKING LIFE) WIDUS	Home
AND 21:	Ma Ma	-	Pr.G	eo's	Upper Marlbor	/N	136 INSIDECITY LIMITS? YES NO 💢		DRESS / Z	er Lane/20	0772
within within d 2 sl	14. FA	THER'S NAME	T. A.	IDOLE	LAST	,	15. MOTHER'S MAIDEN NA		AIDDLE		LAST
E, MAR	14 14	William VAS DECEASED EVER I		erbert	Lusby	IDITY NO	Edith 17 INFORMANT		-	Young	
MORE, execu		ES. NO OR UNKNOWN)		WAR OR DATES)	100. SOCIAL SECT	JRITY NO.	William T. S	asscer.			Lane, Upper Md. 20772
ALTI, siction pers.		18 CAUSE OF DEATH	(Enter only	y ane cause pe	line far (a), (b), ar	id ici.i				AP	PROXIMATE INTERVAL VEEN ONSET AND DEATH
H., B		PART I. DEATH WA		BY: CAUSE (a)	Cand	1:500	silating or	Must			
NO FE ST				DUE TO, C	R AS A CONSEQU	ENCE OF	V				
REST		Conditions, if any, gave rise to imm	ediote	(b)_	26	PTIC	Emic 317	OCK			
on W. PRE		cause (a), stating underlying cause	the	DUE TO, O	R AS A CONSEQU		EMIA				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY ING PHYSICIAN: The low requires that the contract be executed with a contending physician. Where this certificate has been signed by the manual and special complete as the buriol-transit permit. Then places in the contract of the buriol-transit permit. Then places in the contract of the and Mental Hygiene prior to burief, creams the event, the medical standard or them 18 shows any injury, charter than a second contract than a second contract than the medical standard or them.	Z					A . 100	NOT RELATED TO THE TER	MINAL DISEASE (RCONDIT	TION GIVEN IN PAR	tT 1co
cow rec	CERTIFICATION	19a DATE OF OPERAT					DENT N WAS PERFORMED	200 AUTOPS		Ob. IF YES, WERE FI	
TAL REI	TIFIC							YES .	10	N CERTIFYING CAU YES	JSES OF DEATH?
ON OF VITAL R. HYSICIAN: The lading physicion. So certificate hos build-transit per Mental Hygiene ar Item 18 shows		210. ACCIDENT WAS UNDE	-	21b. TIME C	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATUR	E OF INJURY I	NITEM 18 PART I OR PAR	T 2)
ON OF V	MEDICAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P	м.	19	an location				
PHY tendiintendi	MED	21d INJURY OCCURR	IE 🖂	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		ITY OR TOWN	COUNT	Y STATE
DIVISI DING PI DING PI Or of the e os the olth and marked		220.1 certify that (1)	K	al) attended th	ne deceased from		16 10 5	to	11	19 9	that (I) (we) lost
TTENI portal TOR: for us of He		saw the decease above, (1) (we) (d	d blive an _	way the had	17 19	r) , o	nd that in (my) (our) opiniar	death occurred	n the date	ond hour and fram	the causes stated
OR A DIRECTOR OR DEPT.		22b. SIGNATURE	A TOTAL TION	A	aller death.		DEGREE				DATE SIGNED
TAL O y the RAL D detoclose D			1	INC	cin		M.D. ATTENDING	MEDICAL DIRECTOR	PHYSICIA	N 🗍	117187
TO HOSPITAL (retained by the TO FUNERAL E should be deto with the State E IMPORTANT: If		G. S. Nac					8926 Woody Clinton, N	vard Road	12073	5	
5 € 3 ₹	23o E	URIAL, CREMATION, F		236. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATI	ON		STATE
BP		Burial		1/20,			Metery or Crematory Lle Assembles Cemetery	Brand		(Pr.Geo's	
DHMH - 16 60M 7/84 (VRA 15, 4)	Ri Fi	chard A. Cineral Home	Colema •	n Up Ma	per Marlt	oro,	25o. DA	TE REC'D. BY REC		b. REGISTRAR'S SIG	41



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 2b. HO Earsell QUALP. Ü 4 RACE . SEX 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHOAT November 11,1916 Black Female TO BIRTHPLACE I STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 8 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Virginia U.S.A. WIDOWED DIVORCED XX NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR CH FACINTE, GIVE STREET ADDR TYPE OF WORK FOR MOST OF WORKING LET Chef UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN III. STATE 13h COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1703 Redbud Ct. Md. NO [Largo 20772 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST Tucker Martin Davis Trene ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 183-20-6219 Ann Pratt 1703 Redbud Ct. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES | 71m ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) If LOCATION 71d. INJURY OCCURRED 21a. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AL WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave, (I) (we) (did) (did nat) view the bady after death. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN DRITAN 22d. PHYSICIAN'S NAME [TYPE OR PRINT] 22e. ADDRESS 9 94 7900 015 BANNEAR CLINTON MA 20735 CAZLOS 4LMZ 102 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY) STATE

Greenlawn Cem.

11. Newport News, Va 250. Date REC'D. By REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) lise . I

DHMH - 16 60M 7/84 (VRA 15, 4) Burial

24 FUNERAL DIRECTOR

Jan

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Peter's Cath Ch Waldorf

Charles

ALTIMORE, MARYLAND 2120

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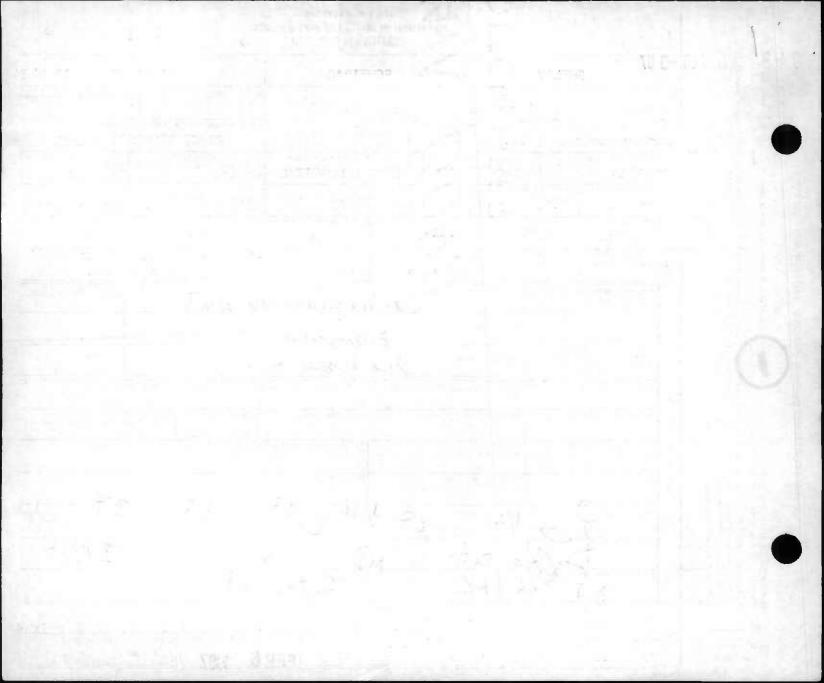
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	0	2	3	Y	4
DEC. NO		-			

		REGISTRAR				CERTIF	ICATE OF DEATH	٥	REG. N	10.			
B	L-DB(CEASED NAME	SHELB'		ean		HE I BACH	20 DAT	E OF DEATH	MONTH 01-3	DAY YEAR	12 44	4PM
	3. SEX			4. RACE Caucas		5. DATE C			(IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 H	77.1
1	Pé	RTHPLACE (STATE OR COUNTRY)	a	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIE	D 9 BALT			GE'S CO	UNTY	MD.
1	CH	TY OR TOWN OF DE EVER LY		PRINCE	GEORGE'S	GENER	RAL HOSPITA		JAL OCCUPAT WORK FOR MOST Tess		LIFE) INDUSTRY	of Business urant	OR
1	Ma Ma	AL RESIDENCE (# NUR STATE aryland	13h COUI P.G	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 131. CITY OR TOW Hyattsvi		13d, INSIDE CITY LIM YES NO		ET ADDRESS Hamil	/ zip cot	Street #	1 207	81
L		Clyde	R		Flagle		15 MOTHER'S MAID Anna		Mary			ker.	
	No.	VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES?	220-11-9		John F. S	,			lton St le, Md.		
	CERTIFICATION	Canditions, if any gave rise to im cause (a), stati underlying caus: PART 2 OTHER SIG	mediate ng the e last NIFICANT	(c)CONDITIONS_CO		DEATH BUT	NOT RELATED TO TH	20a A	UTOPSY?	20b. IF YI	ES, WERE FIND	NGS USED S OF DEATH?	=
,	MEDICAL CERT	220.1 certify that (1	CAUSE OF DE DICAL EXAMINE RRED PRILE DER Johns hasp sed alive acidid and re	P. PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	19 ARM, ETC)	211. LOCATION SIREET 211. LOCATION SIREET 19 Ad that in (my Cour) of DEGREE ATTEND PHYSIC 22. ADDPESS	37, to_	CITY OR TI	OWN	COUNTY	that (i) (ive)	last
	2下社	Buria Buria Buria BRALDSECOS 39 Baltim	l ch's S	02/05/ Sons Fun	87 Mar	yland			CATION CITY OR TOWN Chelten BY REGISTRAI		P,G. STRAR'S SIGNA	Maryl:	and

DHMH - 16 60M 7/84 (VRA 15, 4)



director, page 3 hours after death

hours at

MEDICAL

21d. INJURY OCCURRED

22b. SIGNATURE

NOT WHILE

FOR STATE REGISTRA				DEPARTN	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG TICATE OF DEATH	IENE S	REG. N	0	2	3	
TYPE OR PRINT	AME I	IRST		MIDDLE	l	AST	20 DATE	OF DEATH	MONIH	DAY	YEAR	2b. HOUR
Joai	n Parks	Scre	even				Janua	ary 30	.198	7		9:45A M
3 SEX		4. F	RACE		5. DATE C			YEARS LAST BIR			DAYS	IF UNDER 24 HRS HOURS MIN.
Fema	ale	E	Black		March 16,1949		37		YRS		DATS	HOURS MIN.
70. BIRTHPLACE	I STATE OR FORE	IGN 7b.		WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIM	ORE CITY C	OR COUN	TY OF D	EATH	
	th Caro	lina	U.S.	.A.	WIDOWE		Prin	nce Ge	orge	S		MD.
10 CITY OR TOV		11.	NAME OF I		G HOME C	or other institution et	12a. USUAI	LOCCUPAT	ION	121		Employed
130. STATE	131	P.G.	ER INSTITUTION,	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Clinton		13d. INSIDE CITY LIMITS? YES X NO [ADDRESS Killa			2/ eet	735
14 FATHER'S NA FIRS LUCT	T	MIDE	DIE	Parks		15. MOTHER'S MAIDEN NAME FIRST Doris	ME	MIDDLE	-57		Whit	
160. WAS DECEA IYES, NO OR UN Yes		FYES GIVE WA		166 SOCIAL SECUI		Earl B. Scr	even	ADDR (Husba		Same		
Condition gove ris couse (underlyin	ns, if any, we see to immed al, stating ag cause	CAUSED B' MEDIATE C hich itote the lost.	Y: AUSE (b) DUE TO, OI (b) (c)	R AS A CONSEQUE	NCE OF	eting arr	est				APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH
PART 2. O						NOT RELATED TO THE TERM	INAL DISEA	SE OR CON				
NO 19a DATE O	9a DATE OF OPERATION 19b. CONDITION F		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU1	OPSY?	IN CERT	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO			
210. ACCIDE	ENT WAS UNDERL		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER N	ATURE OF INJU	IRY IN ITEM 18	PARTIO	RPART 2)	

21a ACCIDENT WAS UNDERLYING 21b. TIME HOUR A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC)

21f LOCATION

CITY OF TOWN

that in (my) (our) opinion death occurred of the date and hour and from the causes stated

COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on obove, (I) (we) (did (did not) view the barry after dear

> DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR | PHYSICIAN 22¢ DATE SIGNED 730/87

22d. PHYSICIAN'S NAME LTYPE OR PRINT

2/2/87

27e ADDRESS

1300 Mercantile Lane #134 Landover Md.

Berwa 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial

23c NAME OF CEMETERY OR CREMATORY Md. Veterans Cemetery

Cheltenham P.G. Maryland STAT

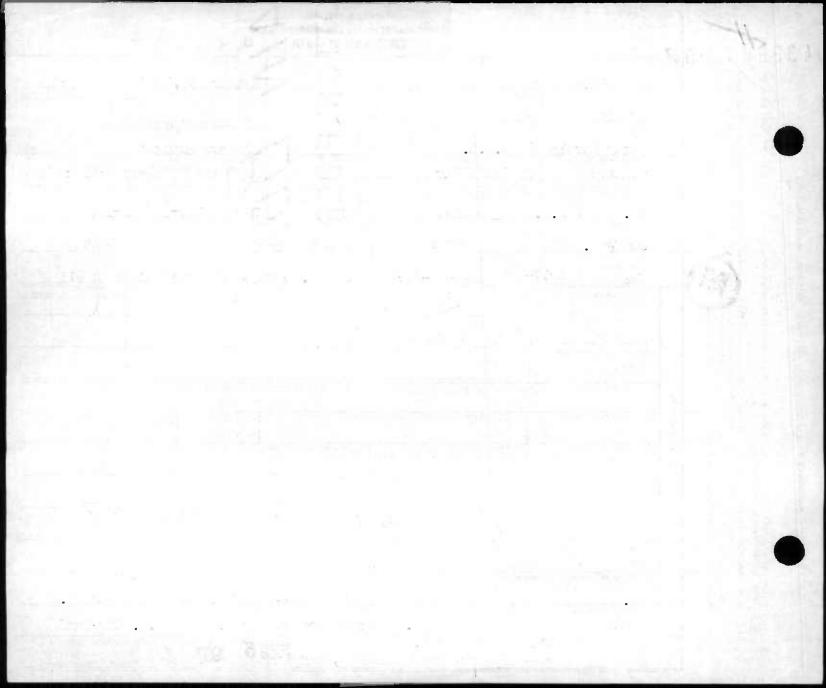
24 FUNERAL DIRECTOR Lee Funeral Home Inc.

25 DATE RED. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

6633 Old Alexander Ferry Road Clinton

DHMH - 16 60M 7/84 (VRA 15, 4)

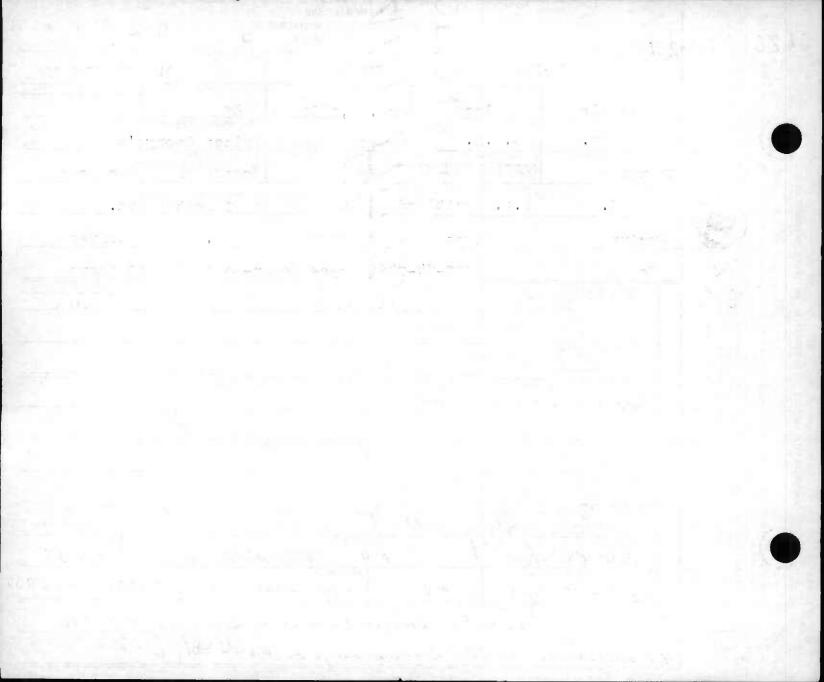
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STATE OF MARYLAND

		FOR STATE REGISTRAR				EALTH AND MENTAL HYG	IENE REG. NO.	2	8 4 5
		CEASED NAME FIRST CAR	SEDA	IODIE		ELDON	20. DATE OF DEATH MONTH		YEAR 26 HOUR 6 87 6 25A
	3. SE)	Female	4. RACE Bla	- 1-	DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF U	NDER TYEAR IF UNDER 24 HRS THS DAYS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN VA.	76. CITIZEN OF W	VHAT COUNTRY? 8		D NEVER MARRIED	9. BALTIMORE CITY OR CO Prince Geor	UNTY OF	DEATH S MD.
1	Ch	ty or town of death Leverly	NURSTING	FACIARETE SCHOOL	ER I	PGGH	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOMEMAKET	(ING LIFE)	126 KIND OF BUSINESS OR INDUSTRY HOME
3	13a. S	RESIDENCE (IF NURSING HOME OF STATE Md. 136 COU		Suitland		134 INSIDE CITY LIMITS? YES 🖺 NO 🗌	13e.STREET ADDRESS / ZIP 1.901 Porter		e. 20746
6	J	inius		Hunt Ass		15. MOTHER'S MAIDEN NAM	F .	(Graves
,	166 V	No	VE WAR OR DATES)	577-84-2	2467	Joyce Cowa	an-Same as #	£ 1.3	above
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUENC	CE OF	Sepsis			APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH / WYLL
	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF CALL BIT	cin sy	NTRIBUTING TO DEA			206 AUTOPSY? 20b.	IF YES, WI	ERE FINDINGS USED G CAUSES OF DEATH?
1	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M P.M 21e. PLACE O	A. MONTH DAY A.	19	211. LOCATION STREET	YES NO PER NATURE OF INJURY IN ITE		
		220. I certify that (1) (this hasping the deceased plive and above, (f) (ve) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE of DOMESTIC)	view the bady a	1987		DEGREE O ATTENDING PHYSICIAN [death accurred on the date and AMEDICAL STAFF DIRECTOR PHYSICIAN Abult Ld, Sec		22c DATE SIGNED
	23 B	URIAL CREMATION, REMOVAL	23b. DAZE	07		EMETERY OR CREMATORY WHEN. CEN	23d. LOCATION	P."	G. AD. STATE
		NERAL DIRECTOR S. WASHINGTON +	c 50HS 49	2 - Barro	UGir	AUG. N.E. JA		GISTRAR	SSIGNATURE CONTROLL

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 2a. DATE OF DEATH MONTH 2b. HOUR JAN :35P 01-19-87 ARLENE SEWARD R. 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Feb. 1920 Temale Caucasian YRS TO BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED PRINCE GEORGES COUNTY MD Pennsylvania U.S.A. WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Bookkeeping CLINTON Bookkeeper - Ret. 20748 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 4915 Sharon Road Prince George Temple Hills Maryland FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mabel Adkins Walter Rager 166. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 4915 Sharon Rd. (YES NO OR UNKNOWN) 163-12-3808 Walter S. Seward Temple Hills. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: COMB HEPATI IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CIRRHOSIS LANNEC Canditians, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION POR PERTENSION 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR ento 0 MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased fram DIRECTOR sow the deceased alive on abave, (1) (wo) (did) (did not) view the bady after death. and that in (my) (aux) opinion death accurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED * ATTENDING. MEDICAL STAFF
DIRECTOR PHYSICIAN 20 MPORTANT 22e ADDRESS should be with the

DHMH - 16 60M 7/84

(VRA 15, 4)

BALTIMORE, MARYLAND 21201

IVISION OF VITAL RECORDS

Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

6160 Oxon Hill Rd. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE George P. Kalas Funeral Home Oxon Hill. Md.

1/23/87

Cedar Hill Cemetery

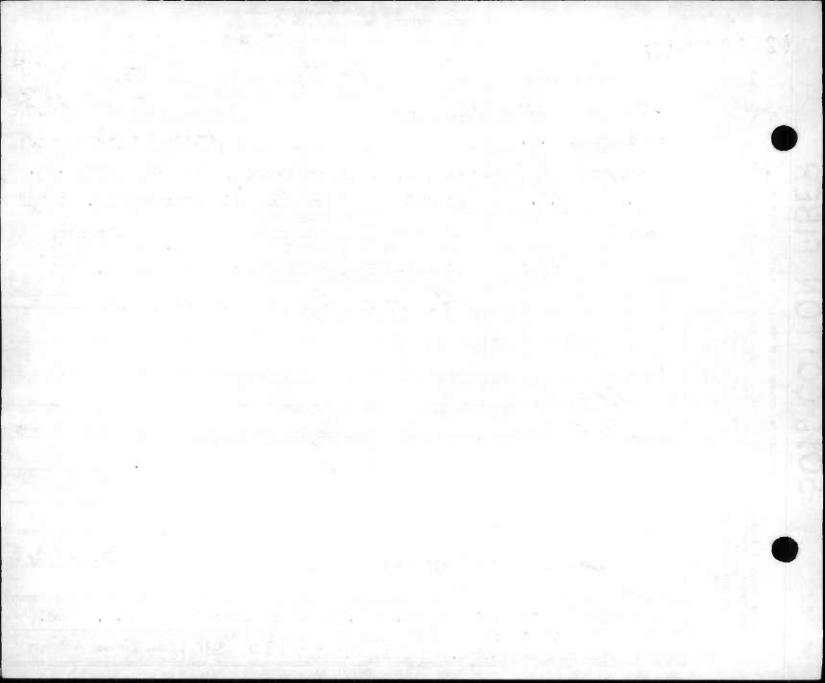
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Maryland

commy vania services - int. Hook services http://www.iii. Da. John Grantonto III waste Thisave thisave 30 Fine many 2810 The IS WALL . W. Little base out forces talks . House

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2920 55	11-	FOR STATE REGISTRAR		TH AND MENTAL HYGIENE CERTIFICATE OF LEATH	0 2 8 9 /
TO THE UNCESSARY, PLEASE TO THE UNCESSARY, PLEASE PAGES 5 FOR YOUR FILES. BEFILED WITHIN 72 HOURS CHEET,	3 SE) 7a. В FO W 1D. C1	RTHPLACE (STATE OR REIGN COUNTRY) ashington, D.C. TY OR TOWN OF DEATH LEWIC LINEAR COUNTRY	OF WHAT COUNTRY? B MAR USA. WIDO OF HOSPITAL, NURSING HOME, OR O' SUCH FACILITY, GIVE STREE ADDRESS)	UNDER 1 YR. IF UNDER 24 HRS. 24 NITHS DAYS HOURS MIN PRO RRIED NEVER MARRIED 9.8 WED DIVORCED X THER INSTITUTION 1120 USUAL 6	DATE KNOWN DE MONTH DAY YEAR 25 HOUSE OF ESTI- EATH MATED 19 PAR 25 HOUSE NOW NOW NOW NOW NOW NOW NOW NOW NOW NOW
F ANY D AND 3 SHOULD SHOULD	13a. S	NL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION OF THE INSTITUTI	STION, GIVE RESIDENCE BEFORE ADMISSION) Laure I Laure I		Muirkirk Rd. 20708
ME, MD	14. FA	Samuel MIDDLE	Shelton	Mildred	Clarkson
RS AFTER DE WITH FORM T. PAGES 1.4		VAS DECEASED EVER IN U.S. ARMED FORCES (55, NO, OR UNKNOWN) YES IF YES, GIVE WAR OR DATES) WWII 18. CAUSE OF DEATH (Enter anly one couse	579-05-0056	17 INFORMANT Edward Sheltor	
S. 201 W. PRESTON S. ECUTED WITHIN 24 HG. 27. IN PROCINGLIN INTEM. I. EXAMINER ALONG URAL - IRÁNSIT PERM. ND MENTAL HYGIENE. TION, OR REMOVAL.		Canditions, if ony, which gave rise to immediate (b	O, OR AS A CONSEQUENCE OF	Myourvo	Leal D. 3-
A RECORDS, 201 ULD BE EXECUTE "PENDING" IN F FF MEDICAL EXA FF MED	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	D DEATH BUT NOT RELATED TO THE TERMINAL OISE	ASE OR CONDITION GIVEN IN PART 1 (a)	
3. P. T. O. T. J.	CERTIFICATION	None	CONDITION FOR WHICH OPERATION	WAS PERFORMED?	20 AUTOPSY? YES \(\text{NO} \)
CRTIFICATE SHO RITING THE CHIEF CALL BE 3 SHOULD BE USE DEPARTMENT OF THE CHIEF CHIEF CALL BE USE OF THE CHIEF CALL BE USE OF THE CHIEF CALL BE USE OF THE CHIEF CALL BE USE OF THE CHIEF CALL BE USE OF THE CHIEF CALL BE USE OF THE CHIEF CALL BE USE OF THE CALL BE USED OF THE CALL BE USE OF THE CALL BE USED OF THE C			IME OF INJURY JR A.M. MONTH DAY YEAR P.M. 19	HOW INJURY OCCURRED (ENTER NATUR	E OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIV MIS CE VRITI VRITI VREDI VIE DI 201 P	MEDICAL		PLACE OF INJURY (AT HOME, 21f. L BET, FACTORY, FARM, ETC.)	OCATION STREET CITY	OR TOWN COUNTY STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WAS TO FUNERAL DIRECTOR: PARTIER DEATH, WITH THE STABLITMORE, MARYLAND, 21	2	220 I certify that I took charge of the rem death resulted from: Hatural causes L ACTUAL SKENATURE EXAMINED NAME TYPES PRINT	Accident . Suicide	Homicide Undetermin	ed monner . DATE 22/1937 EXAMINER SIGNED
07/84 RP	23e.B	urial, cremation, removal 236 Date Cremation 1/28,		.Crematory Laur	
25M DHMH - 17 (VR A15 ME (5))		JNERAL DIRECTOR 7601 Sa NAME 1eck Funeral Home	ndy Spring Roa Inc. Laurel,Md	d 250 DATE REC'D. BY REG 1. 2070 7FEB 3 19	1STRAR 256, REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

- 1					116 6			
	1. DECEASED NAME FIRST	MIDDI		AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	(TYPE OR PRINT) ELIZAI	3ETM P	. SH	EPPARD	Januar		987	1:10A.m
1	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
j	Fémale	White		mber 17 ,19		YRS	ONTHS DAYS	HOURS MIN.
_	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	OF DEATH	
2	Alabama	USA	WIDOWE	D DIVORCED	Prince G		-	MD.
1	10. CITY OR TOWN OF DEATH		PITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
f		Greater La	urel Beltsv	ille Hospital			educa	tion
7	USUAL RESIDENCE (# NURSING FOME OF	NTY 13c.	RESIDENCE BEFORE ADMISSION) CITY OR TOWN ashington	13d. Inside City Limits?	3018 Gai	ziP CODE nesvi	lle s	9999 8., SE
	14 FATHER'S NAME			15. MOTHER'S MAIDEN N.				
/	John T	• MIDDLE	Pierson	Addie	WIDDLE		Turne	r
>	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY NO.	17. INFORMANT	908 QU	SS	Morra	CO
>	NO NO OK ONKNOWN)	5	77-42-4907	Anne Noye	s Fort W			
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly ane cause per line ED 8Y: TE CAUSE (0)	for (a), (b), and (c).)	m shot	W		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which	(b)	1/4	ansur		Infle	de	
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS	ACONSEQUENCE OF	Hurose	uron			
	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CONT</u>	RIBUTING TO DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR CON	DITION GIVE	N IN PART 110	3
2	190. DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATIO	n was performed	200 AUTOPSY?		WERE FINDIN	
-	~			1				

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

21d. INJURY OCCURRED

AT WORK

216. TIME OF INJURY MONTH DAY HOUR A.M. YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e. PLACE OF INJURY

IE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

211. LOCATION

COUNTY

(aur) apinian death accurred on the date and haur and fram the causes stated

saw the deceased alive on abave, (M(we) (did) (did not) view the body after death 226 SIGNATURE DEGRE ATTENDING PHYSICIAN MEDICAL STAFF

220.1 certify that (1) (this haspital) attended the deceased from

PHYSICIAN DIRECTOR

230 BURIAL, CREMATION, REMOVAL Burial

5Jan1987

National Memorial

23d LOCATION
PK Falls Church

 VA^{TATE}

74 FUNERALD ROBert E Wilhelm Funeral Home 4308 Suitland Rd. Suitland, MD.

236. DATE

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1 2 1986 July Decider Contact

BP MH 16 60M 7/84

should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prin TO FUNERAL DIRECTOR: After this certificate has

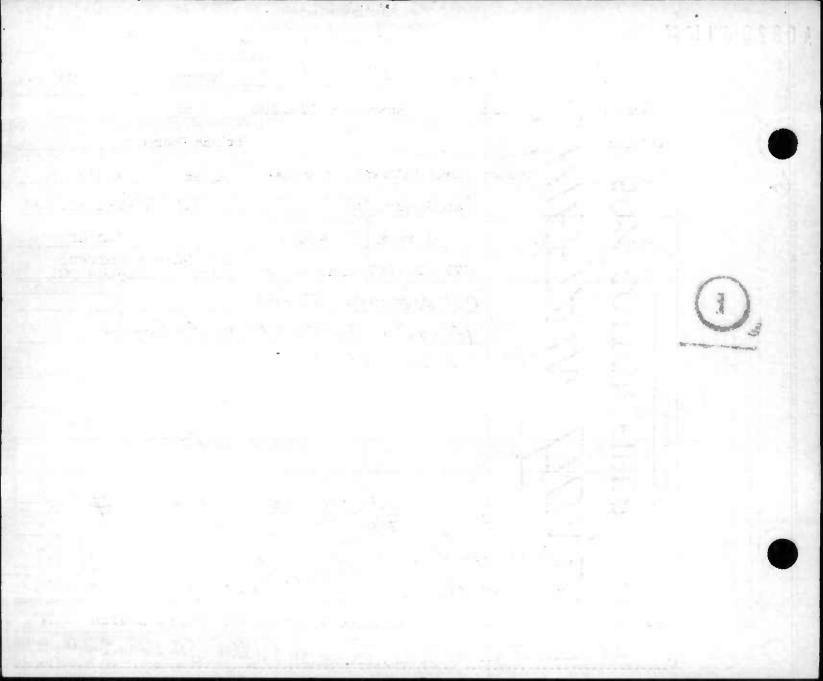
marked or Item 18 sha

IMPORTANT: If them 21 is

MEDICAL

or ottending physician

etained by the haspital



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	0	2	ö	7	-
REG. NO.					

				CERTIF	ICATE OF DEATH	S REG.	NO.	g.rea		
TYPE OR PRINT	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU
	WIL	LIAM	Α.		SHEPHERD		01	28	87	11 0
3 SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDI	DAYS	IF UNDER
MALE		BLACK		03	04 09	77	YRS.			
To. BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DE	ATH	
Md.		U.S.A		WIDOWE		PRINCE GE	ORGE!	S		
10. CITY OR TOWN O	FDEATH				OR OTHER INSTITUTION	120 USUAL OCCUPA		12b	KINDO	F BUSINE
CHEVERLY		PRINCE	GEORGE STREET	HOSP1	TAL CENTER	(TYPE OF WORK FOR MOS	T OF WORKING	D D	· C.	Gov'
USUAL RESIDENCE		ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					-	
130 STATE	136 COU	P.G.	Land ove:		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	s/zipcoi erlin		t. OK	07
14 FATHER'S NAME		U s	Daridove.	do	15 MOTHER'S MAIDEN NA		1 de de 1 de 1 de 1 de 1 de 1 de 1 de 1	<u> </u>	0 8	
Thomas Thomas		MIDDLE	Shepher		Mary	WIDDLE		bin	sons	r
160 WAS DECEASED		RMED FORCES?	166. SOCIAL SECU		17 INFORMANT		RESS		4 1	2 01
No			21.7-44-	4171	Helen M. S	nepnera-	Same	8.5	# 1.	3 at
18 CAUSE OF	DEATH (Enter o	nly ane cause per	line for (a), (b), one	d (c).)					APPROXI	MATE INTER
PART I. DEA	TH WAS CAUS	ED BY: TE CAUSE (a)	CARDIO	SRUL	MONTER	ARRE	12		MIN	VTY
		B.15.50.0	R AS A CONSEQUE	NEE OF						
Conditions, if	any which				SUITA :	SEPSI	<	<	A	r s
gave rise to	immediate	,								
cause (a), underlying			R AS A CONSEQUE	NCE OF					n	
, 2	Lause last.		A E w	10.11	10 (1201)	2101010			DA.	27
			ASCEN				NDITIONIC			
PART 2. OTHER	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM		NDITION G			
PART 2. OTHER	SIGNIFICANT	CONDITIONS C	CILLY	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO		IVEN IN	PART 110	
PART 2. OTHER	SIGNIFICANT	CONDITIONS C	CILLY	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF Y	ES, WER	PART 110	IGS USED
PART 2. OTHER	SIGNIFICANT COHOL PERATION	CONDITIONS CONDITIONS CONDITIONS	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERI	PART TIE	IGS USEC
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DHMH - 16 60M 7/84

(VRA 15, 4)

BP.



STATE OF MARYLAND

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4 2 5 7 6 FEB -2	87	- STATE REGISTRAR	DEP	CERTIFICATE OF DEATH	GIENE / REG. N	0 2 3	, , ,
		CEASED NAME FIRST	WIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YE	EAR 26 HOUR
1 100		Wayson	A	Siehel	A	01 18 8	7 932 AM
() () () () () ()	3. SE	X 4.	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B		
4 970		Male	(1) h. to	OS OF OT	19	YRS MONTHS	DATS HOURS MIN.
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1 15 34	0	naryland	1150	MARRIED NEVER MARRIED	Prince	e George	CP 410
	10. C	ITY OR TOWN OF DEATH		PRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPA	TION 12b. K	D OF BUSINESS OR
5 17 11 VU	FA.	ct Washington F	(IF NOT IN SUCH FACILITY, GIVES	Refer ADDRESS)	(TYPE OF WORK FOR MOST	1	
2 1000		AL RESIDENCE (IF NURSING HOME OR OT		BEFORE ADMISSION)	1 HELIVE		rmer
9 7 19 25	1	STATE ME COUNTY	13c CITY OR	TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS		J amre
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	-1	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one couse per line for (a), (b)	and Ici.)	+	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
5 (845)		IMMEDIATE (CAUSE (a)	lefill merother	urren		
0 1 1000			DUE TO, OR AS A CONS	EOU: NCE OF			
8 4 2	1	Conditions, if ony, which gave rise to immediate	(b)				
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of the state of th			((c)				
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8 1 118677	CAT	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	
7 25 226 6	II.				YES NOW	IN CERTIFYING CAI	NO
The state of	CERTIF	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU			
P 44 115 1	7	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR			
No see and	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION			
N Part of the Part	×	NOT WHILE AI WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC) STREET	CITY OR 1	OWN COUNT	TY STATE
D NO STORES		22a.l certify that (I) (this haspital)	attended the deceased fr	am19_	to.	. 19	, that (I) (we) last
2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		sow the deceased olive on		19, and that in (my) (our) opinion			
A ST ST ST ST ST ST ST ST ST ST ST ST ST	0.	abave, (I) (we) (did) (did nat) v 22b. SIGNATURE	iew the bady after death.	DEGREE			DATE SIGNED .
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4 4 4 4 4 4 4 4		224 PHYSICIAN'S NAME INTO OFF	mil +	PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSI	CIAN	
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54 54 5	22	HIDDAL COCHATIC: CO.		12021 Livin	John HC.	17.Wash	ngon MI
	230	BURIAL, CREMATION, REMOVAL		231 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
ВР	44.00	Durial 1	Jan 21,1987	Int Lion	Lothigy	A.B.	mo
DHMH - 16 50M 4/83	1	INERAL DIRECTOR	A T DI ADDR	sal Dung ada Netes	TE REC'D. BY REGISTRAF	" 发展的	NATURE
(VRA 15, 4)	/	TA 101. 10116	14 C/10/	JE TIME IN THE	N Z 9 1987	Switch Popular	E. M. E.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 2h HOUR JANUARY 14 1987 SLAYMAKER 12:45RM L. 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 13 1923 MAY WHITE BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CAMP SPRINGS, PRINCE GEORGE DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 8312 BERNARD DRIVE HOUSEWIFE 8312 BENARD DRIVE CAMP SPRINGSX 15. MOTHER'S MAIDEN NAME EVELYN WILSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT LIF YES GIVE WAR OR DATES 499-18-3418 RICHARD P. SLAYMAKER SAME AS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c). DUE TO, OR-AS, A CONSEQUENCE OF NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20a AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 19 P.M 211 LOCATION CITY OF TOWN STATE STREET

cause (a), stoting the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER TIE PLACE OF INJURY 21d INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM ETC] WHILE NOT WHILE wans 2 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

CREMATION

230 BURIAL CREMATION REMOVAL

FOR

REGISTRAR

FEMALE

TO BIRTHPLACE (STATE OF FOREIGN

KANSAS CITY MO

CAMP SPRINGS

GEORGE SPEARS

Conditions, if ony, which gove rise to immediate

PART I. DEATH WAS CAUSED BY

ELIZABETH

4 RACE

136 COUNTY

PG

IMMEDIATE CAUSE (a

USA

LECEASED NAME

USUAL RESIDENCE 130 STATE

MARYLAND 4 FATHER'S NAME

NO

IFICATION

CERTI

MEDICAL

- STATE

(TYPE OR PRINT)

3. SEX

23b. DATE 1/16/87

GEORGETOWN UN. 665P. 23c NAME OF CEMETERY OR CREMATORY

ATTENDING #

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

OMBARI CANCER

PG MARYLAND

22c. DATE SIGNED

ROAD SUITLAND MARYLAND

CEDAR HILL CREMATORY SUITLAND 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

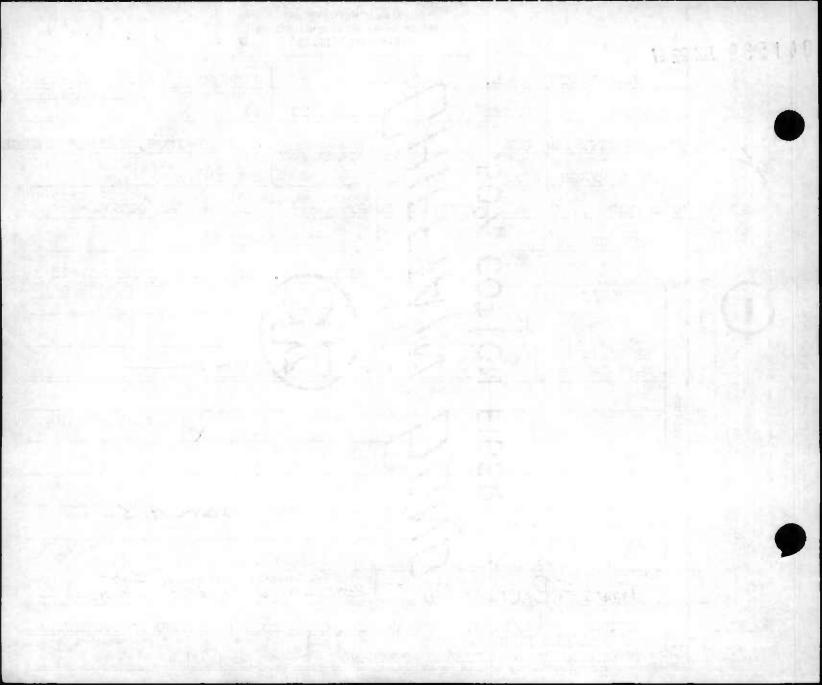
TO FUNERAL DIRECTOR: , should be detached for use with the State Dept. of Hea

MPORTANT

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5 6

Mental



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 EXECUTE THE CERTIFICATE. WRITING THE WORD: "FENDING" IN PENCIL IN ITEM 18. GIVEN PAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALDNIG WITH TO FUNERAL DIRECTOR. PAGE 3 SHOULD BE USED AS A BURRA. "TRANSIT PERMIT PAGATER DEFAITH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISIS BAILTIMORE, MARYLANDS, 21 201 PRIQP TO BURRAL, CREMATION, OR REMOVAL.

BP

DHMH - 17 (VR A15 ME (5)

07/84 25M

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

197	FOR STATE REGISTRAR				MENT OF				2.3	- 2	REC	G. NO.	2	y	0 3	2
	CEASED NAME OF MINTE	E FIRS	DNEY	MIDDLE			LAST			20 DATE OF	KNOW ESTI-	NX	MONTH	DAY	YEAR	Zb. HOUR
1.000		ROONE	¥	L.		S	LOAN			DEATH	MATE		1	4	19 87	1
I. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD			IF UNDER	24 HRS.	2c DATI			MONTH	DAY	YEAR	2d HOU
Ma	ale	White		40		RS. MONT	HS DAYS	HOURS	MIN	PRONOU DEAL			1	4	1987	3,2
7a BII	RTHPLACE (S REIGN COUNTRY)	STATE OR	76 CITIZEN OF WI	HAT COUN	TRY?	8 MARR WIDOW		EVER MARR	ED	BALTIA		_			DEATH Ounty	
	Laure	21	11. NAME OF HOS	St.	TREET ADDRESS)		ER INSTITU	JTION		MAL OCCU	PATION	TYPE O		12b. KII		JSINESS
USUA 30. S1		13b. COU	OR OTHER INSTITUTION, GI NTY Geo.	13c. CITY	BEFORE ADMISSI OR TOWN urel	ON)	13d INSIDE	CITY LIMITS?		EET ADDR Mair			2070	7		
14.FA	THER'S NAM FIRST	E	WIDDLE		LAST		15. MOTH	ER'S MAID	EN NAME	,	MIDDLE				LAST	
(YE	AS DECEASE S, NO, OR UNKN	DEVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	16b. SOC	CIAL SECURIT	Y NO.	17. INFOR	MANT			ADDI	ŖESS				
,	gave r cause (a lying ca	ons, if any, which ise to immediate to) stating the <u>under</u> use last.	(b)	AS A CON	ISEQUENCE (OF OF			RT 1 a							
CERTIFICATION	19a. DATE O	FOPERATION	196 CONDI	TION FOR	WHICH OPER	RATION W	'AS PERFOR	RMED?	. .					20 A	AUTOPSY?	?
臣														,	YES 🔯	NO 🗌
CALCE	UNDERLYING CONTRIBUT	ING CAUSE OF	DEATH 3 NO	MONTH		7 Ho	use f	occurre ire.	D (ENTER	NATURE OF IN	IJURY IN ITE	EM 1B PAR	RT I OR PA	RT 2)		
MED	21d. INJURY WHILE AT WORK		21e PLACE (STREET, FACT	of injury fory, farm, e home	(AT HOME,		CATION STREET Main	St.,	La	urel,	_	cinc		UNIY COrc	ge's,	STATE MD
0	220 I cert death result ACTUAL SIGNATURE EXAMINER'S ITYPE OR PR	NAME Cha	rles P. Ko	BIII	X, Su		, Hami TITLE (: .D. ASS	Inspection code SPECIFY) Sistan 111 F	Under		onner [<u> </u>		_D 1-	-4-87 201	7
(5)	Ren	TION, REMOVAL	23b DATE 1-13-87	23c. h	NAME OF CE	METERY O	R CREMAT		CITY	ORTOWN			COUR			TATE
24. FU	NERAL DIRE	Anatomy	Board	Ва	alto.,	Md.		JAN		987			RAR'S S			

SIR ACTION AND

2b HOUR

12h KIND OF BUSINESS OR

Rd. Beltsville

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

COUNTY

Kelly

IF LINDER I YEAR

INDUSTRY

8:45pm

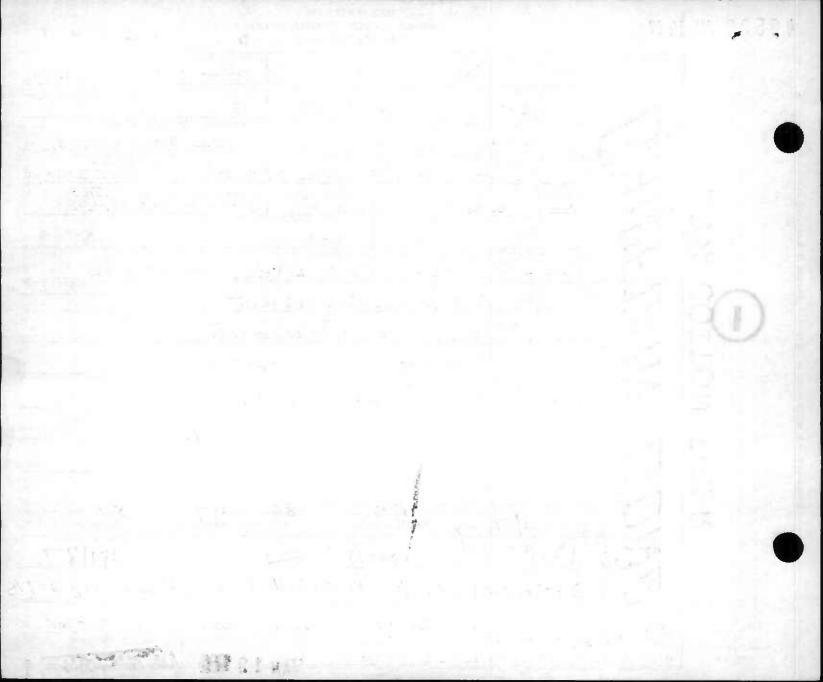
IF LINDER 24 HRS

87 , and that in (aux) (our) apinion death accurred on the date and hour and from the causes stated 22c. DAJE SIGNED MPORTANT. laurel 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION Burial CITY OR TOWN 130/87 George Washinton Adelphi Prince George 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 4400 Powder Mill Rd. Beltsville. Md. 200 Borgwardt DHMH - 16 60M 7/84 (VRA 15, 4) Masides -

STATE OF MARYLAND

REG. NO.	0	2	7	0	
W 40 - 1 W 1 1				_	_

8-9 JAN	4.	FOR STATE REGISTRAR			STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	TH	8 REG. NO		7	0 4
oth oth	1. DE	CEASED NAME FIRS	RNARD	Lee	SMITH	20	January 7	MONTH DAY	YEAR	2h HOUR 6:25a
1 moy be n: poge 3 fter death	3. SE		4. RACE		5. DATE OF BIRTH	6.	AGE (IN YEARS LAST BIR		JNDER 1 YEAR	IF UNDER 24 HR
Poge 4 m director.		1e	Black		April 1, 1910	O YEAR	76	YRS.	THS DAYS	HOURS MIN
dire hour	7a. B	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	8.	9	BALTIMORE CITY O	R COUNTY OF	FDEATH	
130	Ma	ryland	U.S.A.		MARRIED NEVER MARR	CED	Prince	George	's Con	untv
by the fur	10. ⊂	ty or town of death Lanham	(IF NOT IN SU	JCH FACHLITY, GIVE STREET	NG HOME OR OTHER INSTITUT	10N 12	a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF Handyman	ON F WORKING LIFE)	126 KIND C	Employ
filled in mother	13a. S Ma		me or other institution county ince Geo.	13c. CITY OR TOV	VN 13d. INSIDE CITY LI		STREET ADDRESS /	zip code e Park	207 Rd. T	
140	Ве	enjamin	MIDDLE	Smit	h Sarah		WIDDLE		Brot	
Pages medica			S. ARMED FORCES? ES, GIVE WAR OR DATES)	577-14-		A. Wat	son, Same		e #13	
equires that the displaying the care please remaind to buying, or other training representations.	NOIL	arteri	DUE TO, (c)	ofic	DEATH BUT NOT BELATED TO T	sed	se			100
hos be	CERTIFICATION	19a DATE OF OPERATION			OPERATION WAS PERFORMED		YES NO	YES [G CAUSES	NGS USED OF DEATH?
buriol-tro Mentol Hya		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ([IF EITHER, NOTIFY MEDICAL EXA	DE DEATH HOUR	of injury a.m. month d p.m.	AY YEAR	Y OCCURRED	ENTER NATURE OF INJUS	RY IN ITEM 18 PART	I OR PART 2)	
ATTENDING PHY: Inspiral or attending tECTOR: After this ad for use as the bu of. of Health and M of. of Health and M ome 21 is marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	CAT HOME S	E OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (this saw the deceased ally above the deceased ally above the Id	re on 117	195	DEGREE	NDING .	MEDICAL STAT		- /	
should be detach with the State Del		Physician's NAME (TYPE OR PRINT;		PHYS 22e. ADDRESS 14306 (Galbu	T Fox Lu.	IAN 🗌	R, M	0 20
⊢ ∞ × ≤ '	23a. I	SURIAL, CREMATION, REMO		The state of the s	NAME OF CEMETERY OR CREM		23d. LOCATION CITY OF TOWN	c	OUNTY	STATE
_	Bı	ırial	1-10-		rmony Memoria					yland
16 60M 7/84		CARGE PRECORSCH'		AUDRESS	-	25a. DATE R	EC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNA	TURE
RA 15, 4)	4	739 Baltimore	Ave., Hy	attsville	, Maryland	FRAME 4	0.4008	10	0	OLD HE



4 U / 3 JAN	41	STATE REGISTRAR				ICATE OF DEATH	GIENE 7	0 2	y U J
oy be age 3 death		CEASED NAME FIRST OR PRINT)	ERTHA	MIDDLE V		SMITH	2a. DATE OF DEATH	01-03-87	26 HOUR 2.50A
a d	3. SE	X	4. RACE		5. DATE		6 AGE (IN YEARS LAST B		
ge 4		Female	White		Feb	24, 1903	8	3 YRS MONTHS	DAYS HOURS MIN.
Pod di		RTHPLACE (STATE OF FOREIGN	76 CITIZEN O	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEA	ATH
the single state of		ryland	US	A	WIDOW		PRINCE (EORGE	MD.
by the fu		TY OR TOWN OF DEATH EVERLY	PRIMORIS	HOSPITAL, NURSIN	MPDRES HO	OR OTHER INSTITUTION SPITAL & MED.			Own Home
filled in gold be f	13a. S	AL RESIDENCE (IF NURSING HOME COUNTY)		N. GIVE RESIDENCE BEFOR 13c. CITY OR TOW Suitlas	/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	20746
yetely 7	14. F.A	THER'S NAME	WIDOIE	LAST		15 MOTHER'S MAIDEN NA	AME		
and let	W	illiam	E.	JENKI	NS	Cassie	MIDOLE	Bri	ghtwell
Pages 1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDI	305 Durh	am Drive
Page :	N		THE WAR OR DATES			Wilbur G.			ksburg, Va
NG PHYSICIAN: The low reger counts the death cert attending physician. After this certificate has been signed by the attending as the buriof-transit permit. Then, placing-remove corbon th and Mental Hygiene prioring buriof, cremation, ar retained ar Item 18 shows any injury, or other traumatic examples.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, (b) DUE TO, (c)	GRAS A CONSEQUE	- Kue	ma tente	Rebular rea	pollyrds	Le Coa
n signe Then pl 1g buri injury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTINGTO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN IN P.	ART IIO
t permit	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
certificate orial-transi ental Hygi flem 18 sh	-	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR P	ART 2)
his c	MEDICAL	21d. INJURY OCCURRED		E OF INJURY	AD44 E1C)	211. LOCATION	CITY OR T	OWN CON	NIY STATE
otte s the honer	2	AT WORK NOT WHILE	(AT NOME, S	STREET, FACTORY, OFFICE, I	ARM, EIC)	01	.10	0	
TOR: Aftor use of Health		22a I certify that (1) (this hasp saw the deceased alive o	1	2 19/	1	nd that in (my) (our) opinian	death occurred on the	date and haur and fro	that (I) (we) last
L DIRECTORNE OF THE PROPERTY O	-	above, (I) (we) (did) (did n	A CO	ry affer death.		DEGREE ATTENDING PHYSICIAN	MEDICAL ST.	AFF	DATE SIGNED
PORTAN		22d. PHYSICIAN'S NAME ITYPE	OR PRINTI	8		22e ADDRESS	toth Acro	La. 2-10.	11/100/11

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR E Wilhelm Funeral Home

23b DATE

6Jan

1987

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

Suitland, Md.

Arlington National

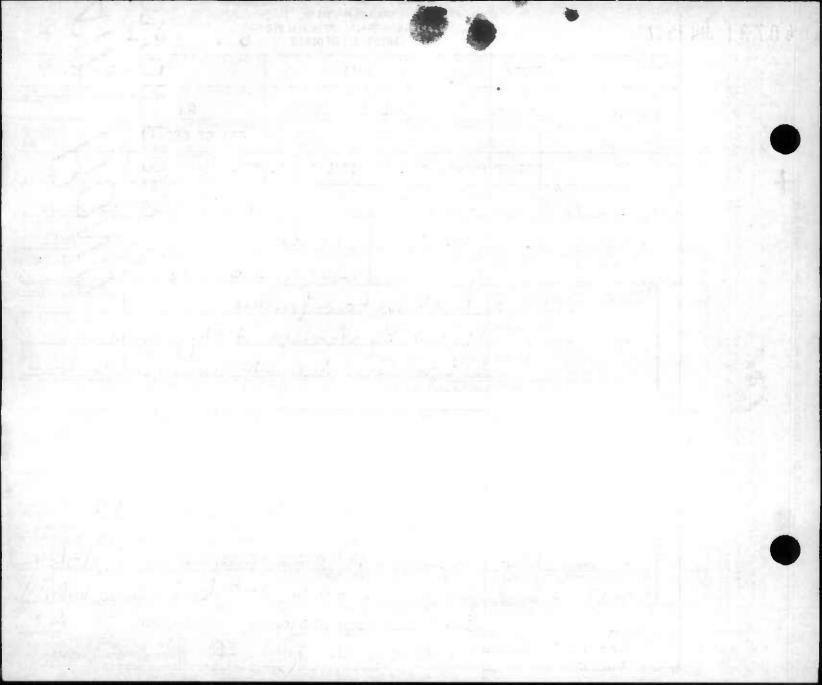
23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

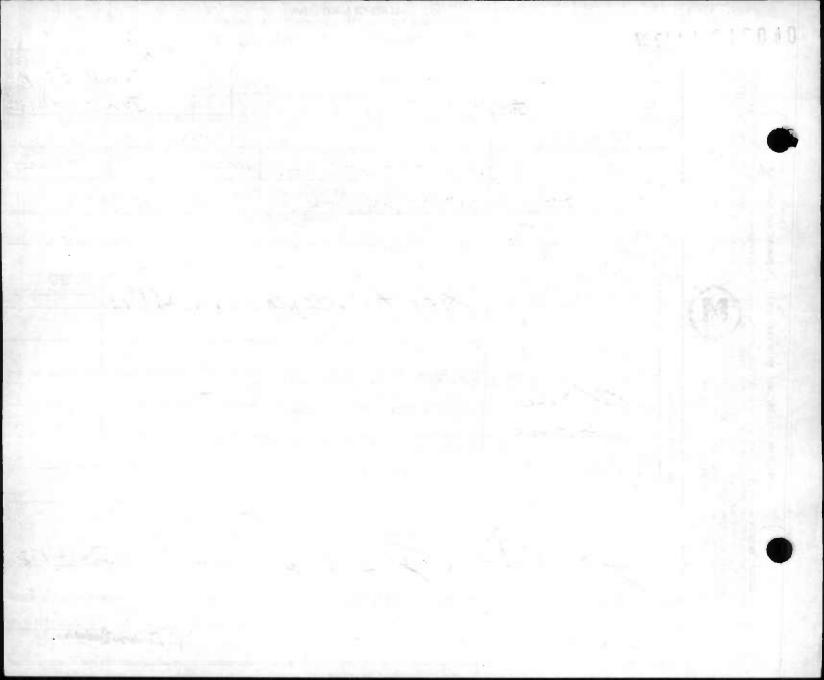
Arlington 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION

Vastate



(VR A15 ME (5)) 20M 4/B2



STATE OF MARYLANI

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MELLI	U	HEAL	III.	ANU	WIELLIW	
CE	RTI	FICA	TE	OF	DEATH	

2630 FEB-		FOR STATE -PEGISTRAR	D		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO	029	0 /
3 75		ASED NAME FIRST MARG	ARET M.		AST	20. DATE OF DEATH	01-24-87	12 00AM
ge 4 may ector par nu after d	3. SEX	Female	4. RACE Black	5. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIRTH	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
learth. Par of 772 hours	2	RTHPLACE (STATE OR FOREIGN OUNTRY) Md.	76. CITIZEN OF WHAT CO	MARRIE			EORGE'S	MD.
1/79	HĘ	VERLY		ESPES APPESSIP	TAL CENTER	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKE)	WORKING LIFE INDUSTRY	OF BUSINESS OR
Filled in	13a. S		INTY 13c_CITY	nce before admission) OR TOWN 1Arden	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗋	1	zip cope In Ave.	1857
and 2 villa	A FA	THER'S NAME FIRST Ignatious	MIDDLE Brown	LAST 1	Susie	MIDDLE	Queen "	.51
medica (medica)		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G		-58-1740	Lillian W	allace- 74	dover. Mo	-
that the death cert of by the attending lease temper carbot information, or tea or other traumatic ev		Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	my avre		
w requires	ATION	PART 2. OTHER SIGNIFICANT	196. CONDITION FOR			MINAL DISEASE OR COND	20b. IF YES, WERE FINDI	INGS USED
N. The lo	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		JTH DAY YEAR	21c. HOW INJURY OCCU	YES NO	IN CERTIFYING CAUSE: YES [] (IN ITEM 18 PART 1 OR PART 2)	NO [
er the burstrand	MEDICAL	OR CONTRIBUTING CAUSE OF DE	LAIN	19	21f. LOCATION STREET	CITY OR TOW	n county	STATE
CTOR, Af			oital) attended the decease	[n death accurred on the dot	te and hour and fram the	
PAL DIRE detachis detachis dot Dept		77h SIGNATURE RIFA	K. Shu	hus	DEGREE ATTENDING PHYSICIAN	7	AN 1/2	4187
troined b troined b TO FUNE hould be MPORTA		GITA K.	- SHAH	MO	14333 L1		WIE Rdis	20708
7	234	URIAL CHEMATION, REMOVA	1/29/27		EMETERY OR CREMATORY	CITY OR TOWN	Donkin	ALA STATE

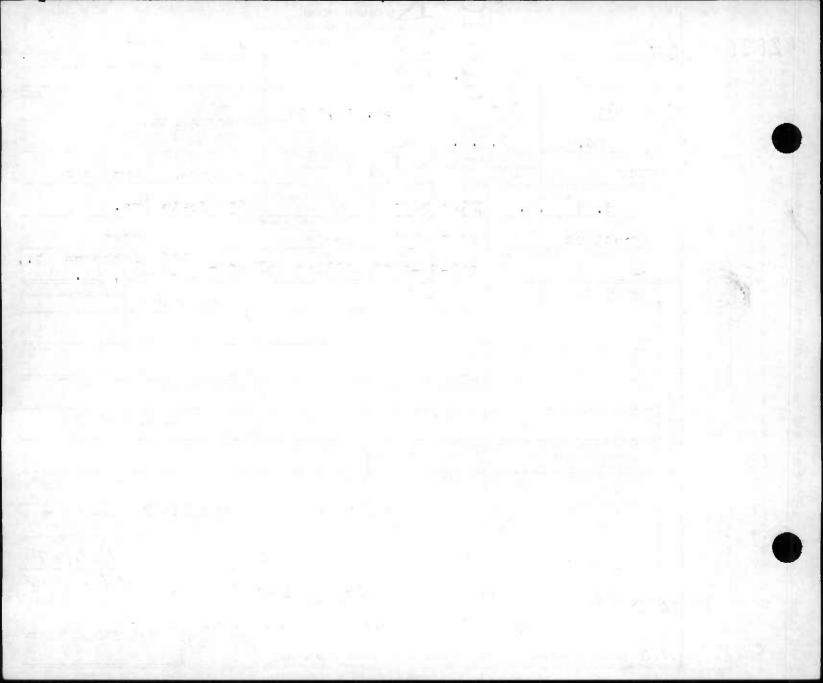
DHMH - 16 60M 7/84

(VRA 15, 4)

1/29/81 KESURRECTION CEM. CLINTON, P. G. M).

IN FUNERAL DIRECTOR

14. S. WASHINGTON & SONS 4926 BURNOUGH AMERICA.



25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

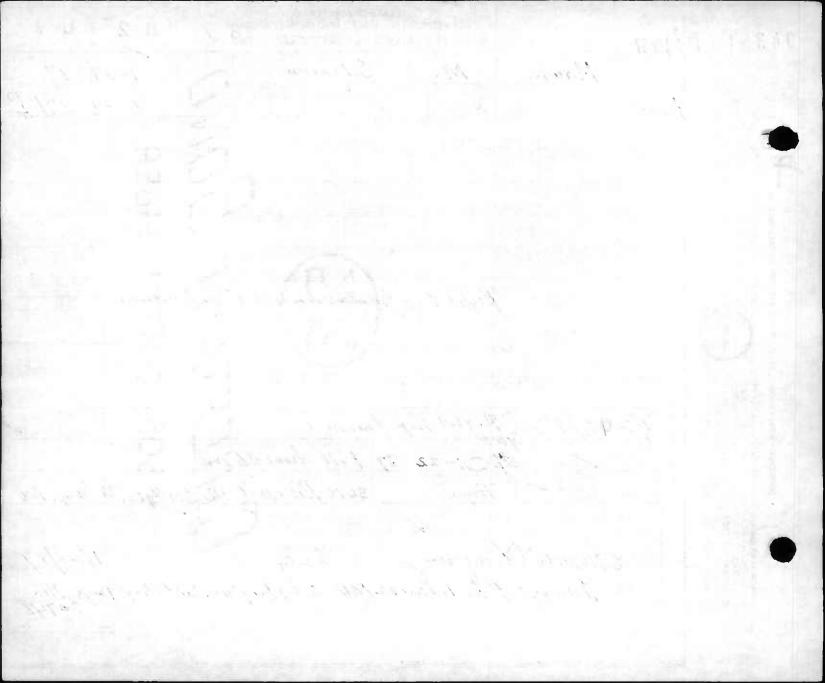
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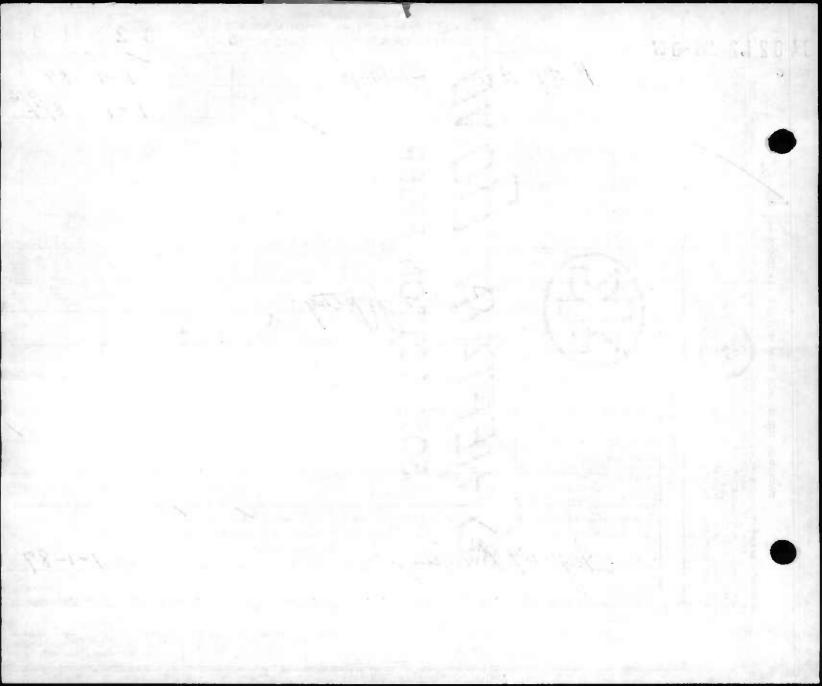
300-4th St. N.E. Washington, D.C.

(VR A15 ME (5))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR PDECEASED NAME 20 DATE KNOWN TYPE OR PRINT) OF ESTIettu DEATH MATED 3. SEX 4. RACE IE LINDER 24 HRS DATE YEAR LAST BIRTHDAY) S PRONOUNCED July 31,1945 female. white 41 DEAD To BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED FOREIGN COUNTRY! Maryland IISA WIDOWED [DIVORCED Prince Georges ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Suitland Malcolm Grow Medical Center housewife USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13h COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland P.G. Forrestville NO X Surry Square 20747 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME AAIDDLE MIDDLE Edward Fowler Stallings Bernice 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT LYES, NO. OR UNKNOWNI (IF YES, GIVE WAR OR DATES) n/a 217 44 3720 Gorman Stallings Same as #13 18 CAUSE OF DEATH (Enter only one cause APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUE Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. MEDICAL DASA BU IEALTH AN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) BE USED AS A BOTTO HEALTH CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? LEXAMINER: THIS CERTIFICATE SHOULD BE FORWARDED TO THE CHIAL DIRECTOR: PAGE 3 SHOULD BE UK HI, WITH THE STATE DEPARTMENT OF I; MARYLAND, 21201 PRIOR TO BIGHT, YES NO P 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 10 PART) OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autapsy Inspection death resulted fram: Suicide Hamicide ___ Natural causes Accident Undetermined manner SHOULD TITLE (SPECIFY) PAGE 4 SHOUI TO FUNERAL D AFFER DEATH, BASH MORE, M. Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Roariguez. ADDRES 5009 Rayburn Ct . Temple Hills. MD (TYPE OR PRINT) Augusto 23d. LÓCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE burial Jan 4,1987 Mt. harmony Cemetery Owings Calvert Maryland 07/84 BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Rausch Funeral Home Owings Maryland **DHMH - 17** Litra Bindien Randals

(VR A15 ME (5))



in 24 hours one.

ly filled in by the funeral director, page 3 Shobid be filed within 72 hours after death

eithin 24 hours ofter death. Page 4 may be

FOR STATE REGISTRAR		DEP	PARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA
EASED NIAME	E IDC Y	MIDDLE	TZAI

ALE OF MARILAND			-		4.
F HEALTH AND MENTAL HYGIENE	1	0	2	7	1
TIFICATE OF DEATH	05.0	NO	-		

1 1032	CEASED NAME FIRST	MIDDLE		LAST		REG. NO						
	PE OR PRINT)					20. DATE OF DEATH	MONTH D	DAY YEAR 26. HOUR				
	VIRGI	INIA HENDRIC	CKS	STEPPE		January	14	1987 1145				
3. SE)	X	4. RACE	5. DATE C			AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR IF UNDER 24 H				
1	Female	White	01.	-27-1920	YEAR	66	YRS.	MONTHS DAYS HOURS M				
70. BI	BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	? 8.		0	BALTIMORE CITY O		OF DEATH				
	Virginia	U.S.A.		D NEVER MARR	RIED L	PRINCE GI	_					
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION			PRINCE GI		126, KIND OF BUSINESS				
6	Clinton	Southern Mary	T ADDRESS)			(TYPE OF WORK FOR MOST OF	WORKING LIFE					
	JAL RESIDENCE HE NURSING HOME OF	9		noshrre	17	Nurse A:	La.	Hedical				
13a S	STATE 136 COUR	INTY 136 CITY OR TOW	WN	13d. INSIDE CITY LI		3.STREET ADDRESS		20007				
_		arles Waldor	PI	YES NO		1106 St	one C	t. 20601				
14 BA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAI	IDEN NAME	E MIDDLE		LAST				
		ndricks		Floria	D.	Steel						
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU	URITY NO.	17 INFORMANT		ADDRE	SS					
-	No N	N/A 255-03-	-9877	Fred A.	Ste	ppe Jr.	Same	as Blk. 1				
	18 CAUSE OF DEATH (Enter o	inly one cause per line for (a), (b), or			-			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA				
	PART I. DEATH WAS CAUSE	ED BY:		est see	. to A	tours						
	Conditions if any which (COPD and Reskingsform tailure											
	gave rise to immediate											
	cause Ia), stating the DUETO, OR AS A CONSEQUENCE OF											
	underlying cause last.											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a											
CERTIFICATION												
13	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?		WERE FINDINGS USED				
T.F.						YES NOT		YING CAUSES OF DEATH?				
E E	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR						
	OR CONTRIBUTING CAUSE OF DE											
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED	P.M. 21e PLACE OF INJURY	19	211 LOCATION								
W.		(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY				
	AT WORK AT WORK		Na		PI	thee	2					
3		oital) attended the deceased from	-		90	. 10		19, that (1) (we)				
-		at) view the bady alter death.			apinion de	ath accurred an the da	ite and haur	and from the causes stated				
	27% SIGNATURE	an -1		DEGREE				22c. DATE SIGNED				
	1	Sound	. P		ICIAN 1	MEDICAL STAF		1/15/87				
	278 PHYSICIAN'S NAME ITYPE	OR PRINT)		22e ADDRESS	•							
	Annette C.	Gonsalves		6 Post	off	ice Rd. I	Waldo	rf, Md. 20				
730 F	BURIAL, CREMATION, REMOVAL	1 23b. DATE 23c	NAME OF C	EMETERY OR CREM		1234 LOCATION		-				
1	[SPEC NY)	7 17 07 7				CITY OR TOWN	- 0-	COUNTY STATE				
_	Burial FUNERAL DIRECTOR	1 Po Box 15t	t. n	ill Mem.				mpbell Va.				
		nc. WaldorforessM	14. 2	0607	1 A N	REC'D. BY REGISTRAR						
	Hance I sale La	ic. naraorr, i	100 -	0001	JAN	TO BUT &	when gut	conductor (modelle)				

DHMH - 16 60M 7/84

should be detached for use as the burial-transit permit. Then plean it with the State Dept. of Health and Mental Hygiene prior to burial error

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that retained by the haspital or attending physician. TO FUNERAL DIRECTOR After this certificate has been signed by

(VRA 15, 4)

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47		THPLACE ISTATEORE		7b. CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER	MARRIED D
100	Н	yortown of DEA yattsville	е	5506 Fa	HOSPITAL, NURSING HEACILITY, GIVE STREET A Tragut St	G HOME (
4		residence (# NURS ryland	13bpCOUL	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	N11e	13d. INSIDE	CITY LIMITS?
11	4. FAT	THER'S NAME FIRST		WIDDLE	LAST		15. MOTHER	'S MAIDEN NA
1		Harry		L.	Stout			essie
1		AS DECEASED EVER		MED FORCES? E WAR OR DATES)	578-07-2		17 INFORM	
of Health and Mental Hygiene priar ta buriol, crematian, 21 is marked or hem 18 showsony injury, ar ather troum	NO.	PART 2. OTHER SIGN	a	what	VON CUL	ton	- 0	lises
9		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE		M. MONTH DA	Y YEAR	21c. HOW II	NJURY OCCUR
	₩.	21d. INJURY OCCURE	RED	21e. PLACE		ARM ETC)	21f LOCAT	
		220. I certify that (I) saw the decease abave, (I) (we) (c	ed alive on	1	21 198) (our) opinian
should be detached with the State Dept. MPORTANT: If Item		226. SIGNATURE	gen 4	Hel	eaure	7		ATTENDING PHYSICIAN
MPORTAL		ROGEN F	AME (TYPE C	IGHAW	nun.		65 (d	O KEN
\$		JRIAL, CREMATION, PECIFY) Buria		23b. DATE 02/04/				CREMATORY
- 1		Dulle	1	104/04/	or ruec	Idl II.	rii cer	netery

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

tem # 1, film G 624, 2/20/87 ra

Robert

Harry

MIDDLE

Earl

- STATE

(TYPE OR PRINT)

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

REGISTRAR

UDECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH 2b. HOUR 11:26 January 30, 1987 Stout 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Prince George's County 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Mechanic Heavy Equipment 35506 Farragut Street MIDDLE Hurbert 3911 Church Road Mitchellville, Md. 20716 (Son) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH und ducar INAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO YES [RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 1-21-1 death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN ILWENTH AUC, NIVERDALE, WIS

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

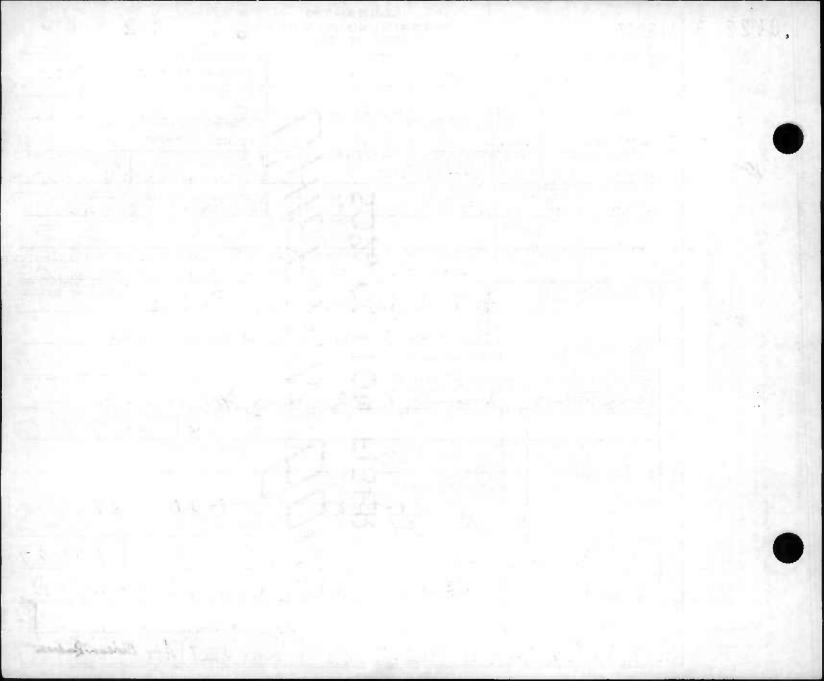
P.G.

Maryland

23d LOCATION Suitland

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m s		EASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH		Y YEAR	26 HOUR
poge 3		Jo	hn	William		Straub	January			9:35P M
may r. po	3. SE	4	4. RACE		5. DATE O		6 AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
W soft	,	Male	White		July	3, 1903	83	YRS		
death. Page 4 may unerol director, pogun 72 lours offer d	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY) nnsylvania	U.S.A.	WHAT COUNTRY?	MARRIEI WIDOWE	DINEVER MARRIED DINORCED	Prince G		F DEATH	MD.
lied with		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHFACRITY, GIVE STREET CTORS HOS	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOSE Pavroll A	T OF WORKING LIFE)	INDUSTRY	t Brothers
filled in the Sould be filled	USU. 130. S Ma	TATE 136 CT	LE OR OTHER INSTITUTION DUNTY	130. CITY OR TOW Hyattsv		13d. INSIDE CITY LIMITS? YES X NO	3 324 Gumw	S / ZIP CODE	Brid	ck Company
completely 1 and 2 sk	IA. FA	THER'S NAME FIRST	MIDDLE	Straub		15. MOTHER'S MAIDEN NAM Sarah	WIDDLE		Na.	Pier
ificate be execut physician and ca popers. Pages 1 navol.	160. V	VAS DECEAȘED EVER IN U.S. (IF YE:	ARMED FORCES?	225-05-1		17. INFORMANT (Brot Samuel N. Str				Charlestown ton 98116
low requires that the death certificate be executed within 24 hours been signed by the articles physician and campletely filled in ermit. Then please remove completely popers. Pages 1 and 2 should be fe prior to buriol, cremotion, artifemoval.	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICA FALLA 190 DATE OF OPERATION	DUE TO, CO	namia	ENCE OF	NOT RELATED TO THE TERM ACIDIS Malli I	41	20b. IF YES,	N IN PART 110 O OC WERE FINDING CAUSES	NGS USED
OR ATTENDING PHYSICIAN: The Idenospiral or ottending physicion. DIRECTOR, After this certificate has socked for use as the buriol-transit per Dept of Health and Mental Hygene frem 21 is marked or Item 18 shows	MEDICAL CERTII	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE	AINER) HOUR A		AY YEAR 19	21c. HOW INJURY OCCURS 21f. LOCATION STREET	YES NOT	NJURY IN ITEM 18 PAR		NO
		270.1 certify that (I) (this has an the deceased alivopove, (I) (we) (did) (di 27b. SIGNATURE)	on donatiview the body	19		DEGREE ATTENDING PHYSICIAN	/	TAFF		
TO HOSPITAL TO FUNERAL should be det with the State IMPORTANT:	230 5	VI LLAM	OR S.	REXE	S	GD / Lang	do ver	20 C	Lever	m)
BP	230 0	Burial	01/26			vet Cemetery	CITY OR TOWN		COUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FF 47	INERALDIRE GOR anoles Gasch's 39 Baltimore	Sons Fun	neral Home	P.A	250. DAT		berland AR 25b PEGISTRA	York AR'S SIGNAT	Pa.



R ATE GISTRAR	DEP	STATE OF MAR ARTMENT OF HEALTH AN CERTIFICATE O	ID MENTAL HYGIENI	0 ,	2 9	
ED NAME FIRST	MIDDLE	LAST	120	REG. NO.	H DAY YEAR	2b HOUR
EDNA	V	STRINGF		DI DI	11 87	3/5 P
F	Black	5. DATE OF BIRTH		GE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR MONTHS DAYS	HOURS MIN.
PLACE (STATE OR FOREIGN	OB CITIZEN OF WHAT COUN	MARRIED NEVI	ER MARRIED 🔲	rince George	UNTY OF DEATH	MD.
	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Greater Laur	URSING HOME OR OTHER I	INSTITUTION 12a		AG LIFE) INDUSTRY	OF BUSINESS OR
TO ENCE (IF NURSING HOME OR O	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		STREET ADDRESS/ ZIP	Key Botto	20797 m Rd.
FIRST FOWA	ED Coop	is. MOTH	FRST UN	1	LA	ST
DECEASED EVER IN U.S. ARA		SECURITY NO. 17 INFOR	RAPHTESTRINGFR	eld 3587 W	hau Bottor	wel HD
CAUSE OF DEATH (Enter online) PART I. DEATH WAS CAUSED IMMEDIATE		& DIAC	ARRES	57	APPROX BETWEEN	ONSET AND DEATH
anditions, if any, which ove rise to immediate use (a), stating the idenlying cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	UDIJEN	CARDIA Y ARTIE	C DEATH	H PASE	
RT 2 OTHER SIGNIFICANT C	onditions <u>Contributing</u>	G TO DEATH BUT NOT RELA	TED TO THE TERMINA	L DISEASE OR CONDITIO	N GIVEN IN PART I	a
DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PE	RFORMED		IF YES, WERE FINDI CERTIFYING CAUSES YES [
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA!			W INJURY OCCURRED	ENTER NATURE OF INJURY IN IT	EM IB PART (OR PART 2)	
INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	OFFICE, FARM ETC)	ATION	CITY OR TOWN	COUNTY	STATE
I certify that (1) this haspit now the deceased alive an above (1) (we) did and not		_19, and that in (ny)our) apinian deat	h accurred on the date or		
SIGNATURA	my	MDEGREE	PHYSICIAN D	MEDICAL STAFF	1 1-	11-87
T. A. COM	Prov MD	H2	DI Laure	1 Park Dr *	221 Laure	/MD20707

23a BURIAL CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery Laurel

Anne Arundel, MD

24 FUNERAL DIRECTOR

(SPECIFY)

77b. SIGNATUR

FOR 1 - STATE REGISTRAR DECE ASED NAME LTHPE CHARRACT

Laurel

SATHER'S NAME

TO BIRTHPLACE (STATE OR FOREIGN

ISUAL RESIDENCE (IF NURSING)

18 CAUSE OF DEATH (Enter

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN

190 DATE OF OPERATION

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED

220.1 certify that (1) this ha

Burial

1. 5EX

CERTIFICATION

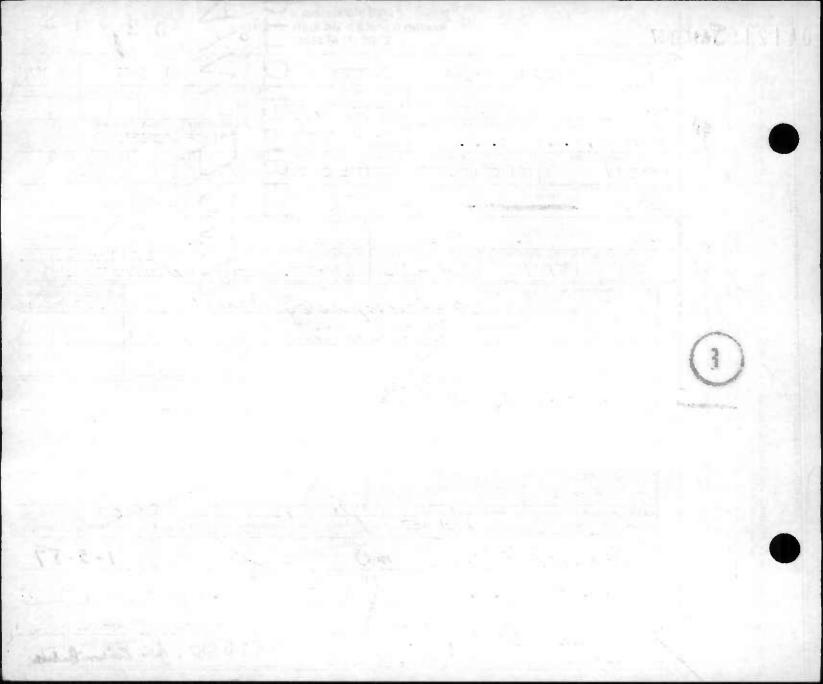
246 N. Washington St Rockville, MD 20850 George R. Snowden

1-16-87

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT.

		REGISTRAR CEASED NAME	FIRST		MIDDLE		AST	REG. N	O. MONTH DA	Y YEAR	2b. HOUR
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4 may	3. SEX			I. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HR
Poge 4 r		ale		Caucasi		Febru	iary 15, 1899	88	YRS		
deoth. Pogr funeral direc thin 72 hours	Wa	Shington, D	o.c.	U.S	-	WIDOWE		9 BALTIMORE CITY OF PRINCE	GEORGE	S	
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filled in thould be f	Mai		PLNCE	Ceorge George	13c. CITY OR TOW Bryans		134. INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP CODE y Court	-	20616
ompletely ond 2 s	Mai	THER'S NAME Lhew		J.	Sweeney		Jessie	M.		LAS	Fowle
an and co		AS DECEASED EVER IN		TP ATES)	577-18-7		Michael D. S	weeney Wo	odbrid	ge Va	ison S 22191
death so		gove rise to imme	dinte	1							
r requires that the	ATION	couse (a), stating underlying couse PART 2. OTHER SIGNI	FICANT CO	onditions <u>co</u>	mill	DEATHER BUT	NOT RELATED TO THE TERM				
he law requires that an host been sign to be print, Their and the principle to the out.	ERTIFICATION	PART 2. OTHER SIGNI	The lost	ONDITIONS CO	ONTRIBUTING TO E	DEATHER BUT	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, \IN CERTIFYII YES	WERE FINDIN NG CAUSES	NGS USED
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page 3

24 FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME, INC.

	FOR 7STATE 7REGISTRAR	DEPART	MENT OF I	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 7 REG. NO. 2	2916
	CEASED NAME FIRST	AURA H. 1	ALBOT	LAST	20. DATE OF DEATH MONTH 01-16	-87 25 HOUR 1.55A
3.5E	× F	4. RACE.	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY) M VRS.	FUNDER LYEAR IF UNDER 24 HRS.
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNTRY?	WIDOWI		9 BALTIMORE CITY OR COUNTY PRINCE GEORGE	OF DEATH MD.
C	HEVERLY	PRINCE SUPPORCE STREET	XSIM ISTA	OR OTHER INSTITUTION AL CENTER	17 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKET	126 KIND OF BUSINESS OR INDUSTRY
13a. S	Md. Prin	or other institution, give residence befor UNTY 13t. CITY OR TOW nce George Chever	e admission) N 1y	13d. INSIDE CITY LIMITS?	13e,STREET ADDRESS / ZIP CODE 5715 Jason St.	20785
14. FA	ATHER'S NAME FIRST Walter H	MIDDLE LAST		IS MOTHER'S MAIDEN NAM	ia C. Hamill	LAST
	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RAMED FORCES? 166. SOCIAL SECU GIVE WAR OR DATES) 220 44 8		Mrs. Ann T.	Miller Cheverl	
	PART I. DEATH WAS CAUS	only one couse per line for (a) (b), on SED BY: ATE CAUSE (a)	ony	OPATHY		BETWEEN ONSET AND DEATH YEARS
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU (b) M/TR/// DUE TO, OR AS A CONSEOU	2	REGURGITA SUMATIC /16/1	er Distante	YEARS YEARS
NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	LUI	A A A	INAL DISEASE OR CONDITION GIVE	
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED VING CAUSES OF DEATH?
MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 214. INJURY OCCURRED		AY YEAR	21f. LOCATION	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	
WE	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, I	ARM, ETC)	STREET	to ///	COUNTY STATE
H	saw physics accepted of the or above (1/24) (did (did a	in act whit body after death. 19		DEGREE ATTENDING	MEDICAL STAFF	
	224 PHYLICAN'S NAME ITTE	SIER MO		PHYSICIAN (2) 220. ADDRESS PSO CRESH WA	THE OF THE CHECK	Olet MO VOTOS
23a E	BURIAL, CREMATION, REMOVA SPECIFY) Burial			emetery or crematory n Park	23d LOCATION CHYORTOWN Baltimore,	COUNTY STATE

6500 York Rd.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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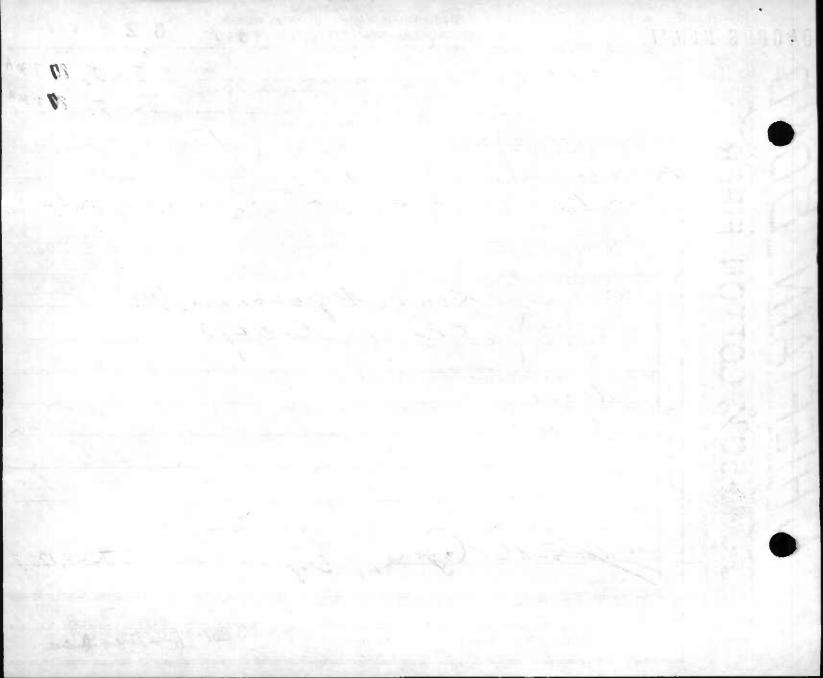
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-PAGE 5 FOR YOUR FILES. E FILED, WITHIN 72 HOURS 2 20, W. PRESTON STREET, John Tass Henry 3 SEX 4. RACE DATE OF BIRTH 6 AGE LINYEARS IF UNDER YYR IF UNDER 24 HRS DATE - HRAY) PRONOUNCED 9-30-1911 75 Male White DEAD 76. CITE. N.C. A. FAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Prince George's Washington, D.C. U.S.A. WIDOWED X DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK | 126 KIND O. JUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 3 TO N Leland Memorial Hospital Riverdale RETAIN PA Carpenter Construction SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITU THE SHOPPICE BEFORE ADMIS 20712 30 STATE 11º 3 COUNTY 13d INSIDE CITY LIMITS? 3731 Queens Chapel road #102 Prince George' s Mt. Rainier D 2 SHOU Maryland S AFTER DEATH. GIVE PAGES 1, 2, WITH FORM PM 3 r PAGES 1, AND 2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Stella John V. Tass Cijija 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 3410 Dodge Park Road #102 16b. SOCIAL SECURITY NO DIVISION No 577-05-5075-A Landover, Md. 20785 John W. Tass CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., AND MENTAL HYGIENE, D ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 102 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [EXECUTE THE CERTIFICATE, WRITING THE WAS PAGE 4 SHOULD BE FORWARDED TO THE OTO FUNERTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF BATTIMORE, MARYLAND, 21201 PRICK TO BUY 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DOR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 CITY OF TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection De Natural causes death resulted fram: Undetermined monner Hamicide TITLE (SPECIFY) MEDICAL EXAMINER MMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23r. NAME OF CEMETERY OR CREMATORY Burial 1/9/87 Ft. Lincoln Cemetery. Brentwood, Prince George's, Md. BP. Francis Gasch's Sons Funeral Home, P.A. **DHMH** - 17

20781

4739 Baltimore Avenue, Hyattsville, Md.

(VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		FOR STATE REGISTRAR	DEPARTM		HEALTH AND MENTAL HYG	REG. N	0 2	9!	o ,
		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY	YEAR 2	b HOUR
	11116	Luha		Tay	IOR		1 23	87.	5:30PM
	3. SEX		I. RACE	5. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF U		FUNDER 24 HRS
	2	F	Black	1	14 07	80	YRS.		
2		RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
1		G. C. Mdi	USA	WIDOWI		PRINC		cree	MD.
1		1 1	1. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATI		INDUSTRY	BUSINESSOR
1		IN TON	Clinton Conv.		CENTER	House-wif	و ا		
L	13a. S	TATE 136 COUN	TY 13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		0.0	
	-	Md Pi	& Clinto	n	YES AND I	9211 Stewar	t Lane	2(1735
1)	FIRST	IDDLE LAST		FIRST	MIDDLE		LAST	
-	160 V	James Edwa		RITY NO.	Ella 17 INFORMANT	ADDRE	SS	Simms	
		(ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-51.71	Elaine Parker	Box 125-0	Dest	73 1	J. 1. W.1
	TION		DUE TO, OR AS A CONSEQUE (b) OT CONSEQUE (c) ONDITIONS CONTRIBUTING TO E		AINAL DISEASE OR CON		IN PART Tra		
1	CERTIFICATION	19a date of operation	198 CONDITION FOR WHICH	OPERATIC	ON WAS PERFORMED	YES NO		NG CAUSES O	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, E		21f. LOCATION STREET	CITY OR TOWN		COUNTY STAT	
		22a.1 certify that (1) (this hospite	ol) attended the deceased from_		. 19	, to		, the	at (1) (we) lost
1		saw the deceosed olive on above, (1) (we) (did) (did not 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR	MOC	, a	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STA	FF	ond from the co	GNED .
-	23a F	BURIAL, CREMATION, REMOVAL	1236 DATE 123c. N	NAME OF (LEMETERY OR CREMATORY	23d. LOCATION			
		SPECIFY) Burial			Church Cemete	CITY OF TOWN	ublic C	alvert	STATE Md
	24. FL	JNERAL DIRECTOR			25g DA1	TE REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATUR	RE

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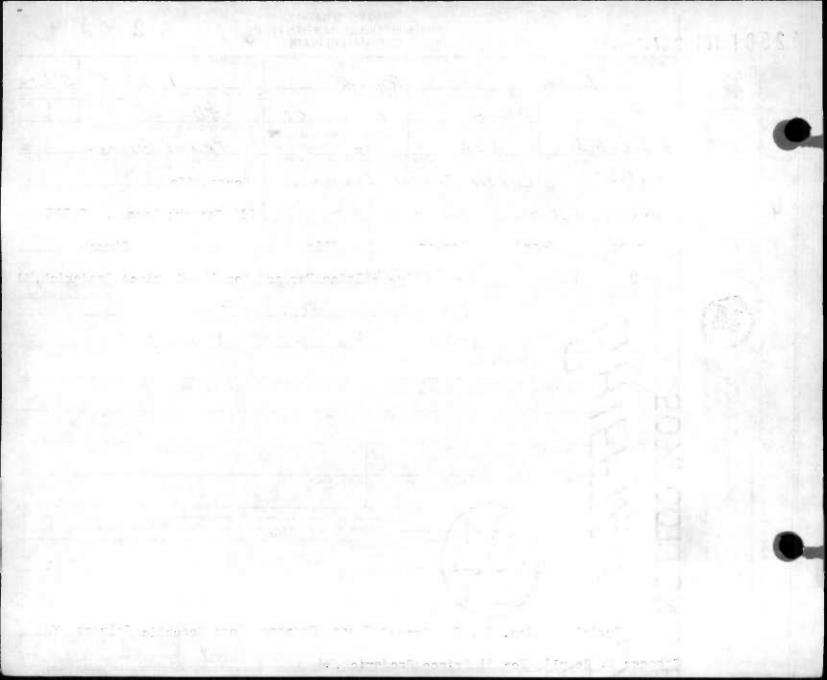
BP.

(VRA 15, 4)

NAME Spencer

E. Sewell

Box 31 Prince Frederick, Md



AR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7 O	2919		
AME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26. HOUR		
ROBERT	. C.	TAYLOR	1-29-87	4.158		
	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS		
	Caucasian	7721/17 DAY YEAR	69 YRS M	ONTHS DATS HOURS MIN.		
(STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? U.S.A.		8.	9 BALTIMORE CITY OR COUNTY	OF DEATH		
		MARRIED NEVER MARRIED WIDOWED DIVORCED	DDTMCE CEODOEC CO			
VN OF DEATH	11. NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPATION	126. KIND OF BUSINESS OR		
TON	SOUTHERN MAT	RYLAND HOSPITAL	Retired Retired	Post Office		
ICE (IF NURSING HOME O			13e STREET ADDRESS / ZIP CODE			
1		rlboro YES 🕱 NO	10816 Hollaway D	rive 20772		
ME		15. MOTHER'S MAIDEN N	AME			

MIDDLE Jessie Cain Robert C. Taylor 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 218-05-9091 Same as #13 Cecil C. Taylor APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOF YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M. (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

220 1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on 5 5 29 abave (h) (we) (did) and not priew the bady after death (Ay) (aur) apinian death accurred an the date and haur and from the causes stated and that in DEGREE

STAFF ATTENDING: PHYSICIAN [27# ADDRESS

23a, BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) 2/2/87 Burial Prince George's. Lincoln Cemetery Brentwood

BY REGISTRAR 256 REGISTRAR'S SIGNATURE Francis Casch's Sons Funeral Home, P.A.

4739 Baltimore Avenue Hyattsville, Md. 2078

DHMH - 16 60M 7/84 (VRA 15, 4)

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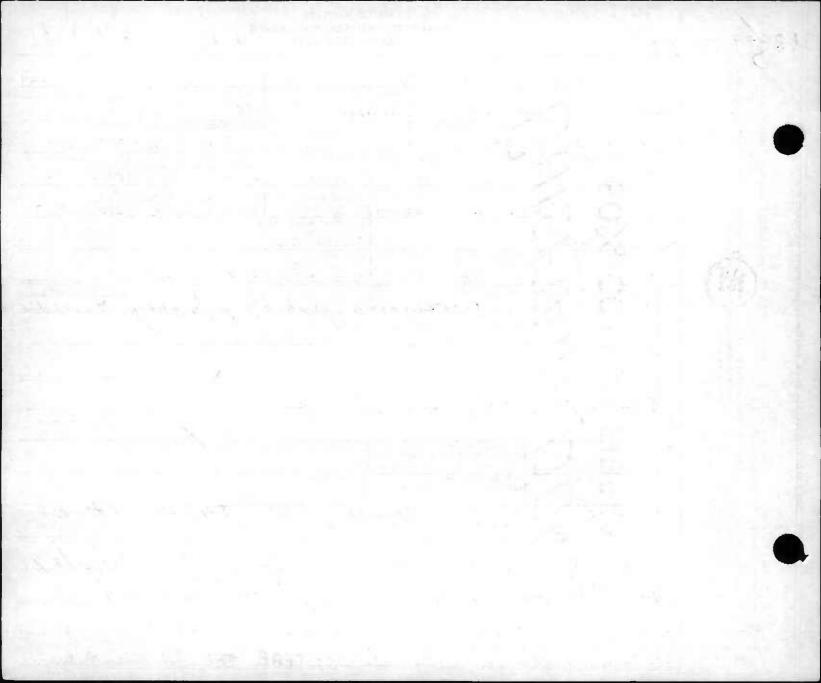
use as the burial-transit Health and Mental Hygir

le be detached for the State Dept. of

FOR - STATE REGISTRA DECEASED NA (TYPE OR PRINT)

USUAL RESIDEN 13a. STATE Marylan 14 FATHER'S NA

3. SEX Male a BIRTHPLACE North O. CITY OR TOV CLIN



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shop physician and campletely filled in by the funeral director, page 3 propapers. Pages 1 and 2 should be filed within 72 hours after death

tificate be executed within 24 hours ofter death, Page 4 may be

	STATE OF MARYLA
JAN 14 OFPR	DEPARTMENT OF HEALTH AND A
OTHER THE STREET	CERTIFICATE OF D

ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 2 2

REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	0.			1
DECEASED NAME	FIRST	M	NDOFE	L	AST		20 DATE O	FDEATH	MONTH	DAY	YEAR	2b. HOUR
TTPE OR PRINT)	JOSEPH		S.	TE	MPLEM	AN			01	01	87	6:56p N
SEX	4 RA	CE		5. DATE C		YEAR	6. AGE IN	YEARS LAST BE	RTHOAY)	MONTH	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
MALE		BLACK	ζ	SEPI	_	1917	69		YRS	E		MIN.
BIRTHPLACE (STA	TE OR FOREIGN 7b. CI	TIZEN OF W	VHAT COUNTRY	? 8 MARRIE	D 🖾 NEVER	MARRIED -	9 BALTIMO	RE CITY	OR COUN	TY OF D	EATH	
MARYLAN	ID UN	ITED S	STATES	WIDOWE	_	NORCED [PRIM	ICE C	SEOR	GES	COL	INTY MI
CLINTO		UTHE	OSPITAL, NURS	THE HOME C			12a. USUAL (TYPE OF WOR GOVER		OF WORKING	LIFE) IN	DUSTRY	F BUSINESS OR
SUAL RESIDENCE (*) 30. STATE MARYLAND	CHARLES		13c. CITY OR TO	WN	13d INSIDE	CITY LIMITS?	P.O.E	ADDRESS BOX 13	/ ZIP CO 31-M6	DE / 2	20664	
FATHER'S NAME FIRST	WIDDLE		TEMPLE	MAN		'S MAIDEN NA FIRST STELL	ME	MIDDLE		_	(IDDÎ	ETON
(YES, NO OR UNKNOW	EVER IN U.S. ARMED I		212-16-		17. INFORM	ES A. I	TEMPLEN		NEWE	-		31-M6 20664
Conditions, if gove rise to cause (a),	ony, which immediate	(b)	AS A CONSEO	KONA	RY	ARTER		SEA				
	SIGNIFICANT COND	ME T	HEAR	CA CA	NOT RELATE	D TO THE TERM	AINAL DISEAS	E OR CON				
CDN 19a DATE OF OI	PERATION	% CONDIT	TION FOR WHIC	H OPERATIO	N WAS PERF	ORMED	YES	NO [IN CER			OF DEATH?
OR CONTRIBUTING		Ib. TIME OF HOUR A.M P.M	A. MONTH	DAY YEAR	21c HOW I	NJURY OCCUR	RED (ENTERNA	ATURE OF INJU	IRY IN ITEM 1	8 PART I C	R PART 2)	
441.0000 10		1e. PLACE C AT HOME, STRE	OF INJURY SET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCAT STREE			CITY OR TO)WN	C	OUNTY	STATE
sow the de	ot (I) (this hospital) o eceosed alive on we) (did) (did not) view	1-	-/- 19	0-	nd that in (my) (our) opinion	deoth occurre	ed on the d	ote ond h	_, 19 our and		that (I) (we) los couses stated
22b. SIGNATUR	RBCa	10	Su	MD:	FACC.	ATTENDING PHYSICIAN	MEDICAL	STA			1-2	SIGNED -86
RAJ,	S NAME TYPE OR PRINT	Wi.	MDf	ACC	752)	ss Surk	29TIS	RO	Cli	into	5n	4) 2072
30. BURIAL, CREMAT	ION PEACOVAL 221	. DATE	22.	NIAME OF C	EMETERY OR	CDEMATORY	23d. LOC.	ATION				
	IOIA, KEMIOVAL 1231	. DATE	230	NAME OF C	EMETERT OR	CREMATORY		ORTOWN		cou	NTY	STATE
BI FUNERAL DIRECTO	URIAL J					JRCH CE	CITY	SSUE	lack pro-	CHA	RLES	Md.

DHMH - 16 60M 7/84

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

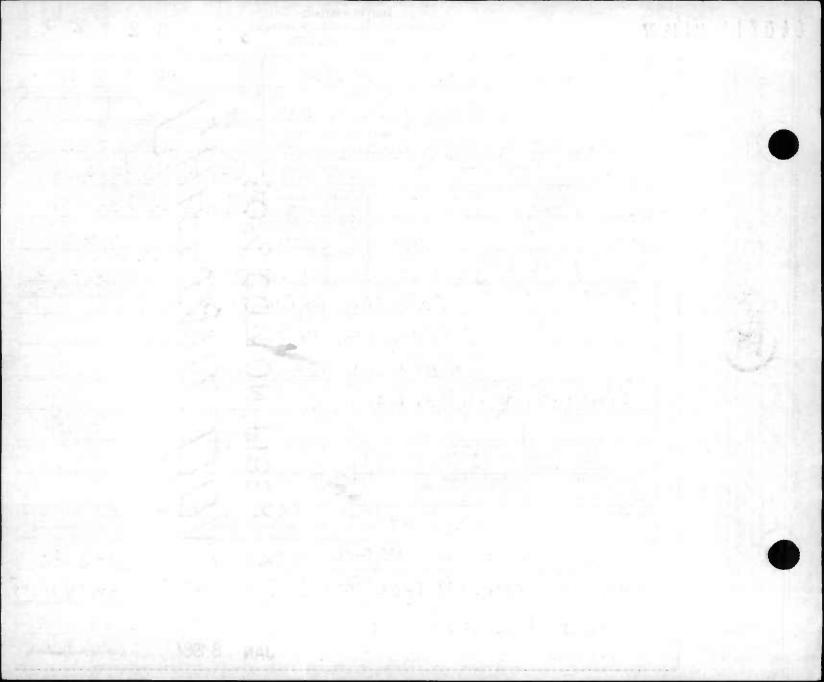
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TO FUNERAL DIRECTOR: After this certificate has been signed a "the chiefle finding physician should be detached for use as the buriol-transit permit. Then please engage corbon popers, with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic event, the the contraction of the contr

THORNTON'S FUNERAL HOME (VRA 15, 4)

POMONKEY, Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** 1 - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) EST) Thomas Daniel DEATH MATED 72 HOURS ON STREET. & AGE (IN YEARS DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Make July 16,1913 Caucasian DEAD MARRIED TO NEVER MARRIED Maryland Prince George's U.S.A. DIVORCED D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Camp Springs Malcolm Grow Medical Center Supervisor - Ret. U.S. Post Off. SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION Prince George's N. Forestville 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 20747 Maryland Overdale Place W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 18. GIVE PAGES 1 3. WITH FORM PM AIT. PAGES 1 AND 2 MIDDLE FIRST OUID BE DOWN TO BE WORD WITH A STANDING TO BE A STANDING TO BE A STANDING TO STANDING TO STANDING THE ALTH AND YEAR HYGIENE, DIVISION OF THE ALTH AND YEAR HYGIENE, DIVISION OF THE ALTH AND YEAR WOVAL. David Thomas Cora Fatkin 17. INFORMANT 2615 Overdale Pl. N. Forestville, Md. 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES) WWII 214-07-2880 Beatrice M. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per lipt far (o), (b), and (c).) PART I DEATH WAS CAUSED BY Terroselerotes Cardiovos culas DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 THEALTH A CERTIFICATION USED AS / 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRRTIFICATE, WRITING THE WORD "PAGE A SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DESARMENT OF HEADLY INVORT, MARYLAND, 21201 PROPED BUSANDA. YES NO P 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 2) c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM FIC 1 CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Inspection death resulted from Hamicide ____ Accident Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE EXAMINER'S NAME Augusto P. Rodriguez. ADDRES 5009 Rayburn Ct , Temple Hills, MD (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b, DATE Burial 1/6/87 Gate of Heaven Cemetery Silver Spring MOntg. 07/84 BP.

6160 Oxon Hill Rd.

Oxon Hill. Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

25M

DHMH - 17

(VR A15 ME (5))

24 FUNERAL DIRECTOR

George P. Kalas Funeral Home

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO 1 DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF PARY PEASE FAL DIRECTOR YOUR FILES. HI 172 HOURS ESTI-11-0 mas DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED DEAD MAR. 58 YRS 9. BALTIMORE CITY MARRIED NEVER MARRIED MARYLAND U.S.A. DIVORCED WIDOWED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING HEED JANITOR SHOPPING CENTER 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET A HOMER PG. MD. YES FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ALBERTA CLARK FRANK THOMAS **FORM** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS HURON AVE SUITLAND MD. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-42-8708 CAUSE OF DEATH (Enter only one cause per line for la) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OB AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENDING TO THE CHIEF MEDICAL EXMINE AT TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAR TRAINED FOR THE REALTH WITH THE STATE DEFARMENT. HEALTH AND MENTAR BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION, OR FETCH. Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY CERTIFICATE 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion deoth resulted fram: Notural couses Accident Undetermined monner TO MEDICAL F EXECUTE THE (SIGNATURE EXAMINER'S NAM TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE XXIIIXXIENHANK CEMETERY STATE CHELTENHAM. BURIAL 1-19-87 07/B4 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS ROLLINS FUNERAL HOME 4339 HUNT PL. WASH. (VR A15 ME (5))

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STATE OF MARTENAD							
RTMENT OF HEALTH AND MENTAL HYGIENE	1		0	2	7	6	
CERTIFICATE OF DEATH		REG NO	6.0				

		0	REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.						
			CEASED NAME FIRST	MIDDLE	. /	AST		20. DATE OF DEATH MONTH DAY YEAR 26 HC					
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pitol TOR	2 H		sow the deceased alive a above, (1) (w) (did) (did)	on	8). or	d that in (my) (our) opinion	death accurred on the date and	d hour and from the	couses stated				
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	· > ≥/		URIAL, CREMATION, REMOVA SPECIFY)	L 23b. DATE 23c	NAME OF C	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE				
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DHMH - 16 (74. FC	NERAL DIRECTOR	PAGMETO		7 0-1	TE REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNA	TURE				
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. I	٧٥.			1	
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3. SE	X		4 RACE		5. DATE C		6. AGE (I	N YEARS LAST B	IRTHDAY)	MON1H	DER I YEAR	IF UNDER 24 HRS	
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118	OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		L OCCUPA			b. KIND O	F BUSINESS OR	
7	CHEVERLY		PRINCE	GEORGE'	S MED	ICAL CENTER		ver		011111	Laun	dry	
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14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	MIDDLE					
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	VAS DECEASED EV		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDI	RESS				
	No	(IF YES, GI	VE WAR OR DATES)	577-18-	-1816	Mattie S.	Thom	as-S	ame	as	# 13	-	
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY:								-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE 10) CARDIO REJPIRATORY PREST												
	DUE TO, OR AS A CONSEQUENCE OF								4 9000				
	Conditions, if any, which (b) SEP				IIC SHOCK				40080				
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	AI WORK												
	22a-I certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19												
	226. SIGNATURE DEGREE DEGREE ATTENDING MEDICAL STAFF								1	22c. DATE S	SIGNED		
	22d. PHYSICIAN'S	NAME (TYPE	Market (1)		1	PHYSICIAN 22e ADDRESS	DIRECTO	R PHYS	ICIAN [1 5	3/87	
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	C. C		1 17			1 (5)	A so V	جلا,	9	q 5	10-	57.	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

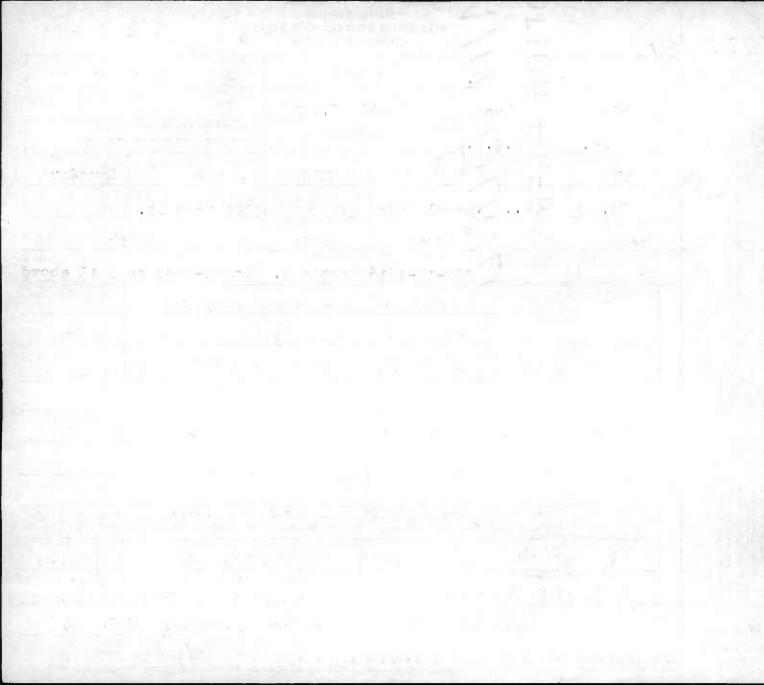
18 straws any injury, ar other traumatic event,

IMPORTANT: If them 21 is marked or them

(VRA 15, 4)

1/24/87 HARMONY MEN. PARK LANDOVER,

24 FUNERAL DIRECTOR H.S. WASHINGTON + SONS 4925 BURKEUGHS AVE, N.E.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR CEASED NAME 2g. DATE KNOWN OF ESTI-DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNT NEVER MARRIED FOREIGN COUNTRY) Pennsylvania DIVORCED WIDOWED Prince George's 120 USUAL OCCUPATION TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Bowie Bowie Health Center Computer Scientist BE Computers SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COULD 13b. COUNTY 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Pr. George's Bowie Kensington Lane 20715 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME IN 24 HOURS IN INTER 18 GIVE PAGES 1 ALONG WITH FORM PAGES 1 MIDDLE LAST John Thompson, Sr. Catherine Schmidt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7. INFORMANT AD12501 Kensington Lane DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES WW 151-20-9333 Bowie, MD 20715 Phyllis I. Thompson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ne for(0), (b), and (c). leiter Clarko Vossulor Lines ED AS A BURIAL. TRÂNSIT PERMIT HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PENDING DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION RWARDED TO THE CONTROLL OF HEAR STATE DEPARTMENT OF HEAR STATE DEPARTMENT OF HEAR STATE DEPARTMENT OF HEAR D 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO . 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE-FOR TO FUNERAL DIRECTOR PATER DEATH WITH THE ST 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Homicide ___ death resulted from: Notural causes Accident Suicide Undetermined monner TITLE (SPECIFY) Deputy SIGNATUR MEDICAL EXAMINER XAMINER'S NAME Rodriguez. M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD Augusto TYPE OR PRINT 23g. BURIAL CREMATION REMOVAL 23d. LOCATION Burial Maryland Veterans Cem. Cheltenham, Pr. George's, MD 256 REGISTRAR'S SIGNATURE Annapolis Road **DHMH - 17** Bowie, MD Funeral Home (VR A15 ME (5))

MI WILL STREET PATTE HALL IN THE STATE OF THE the state of the s In the terminal desired the second in the The second of th

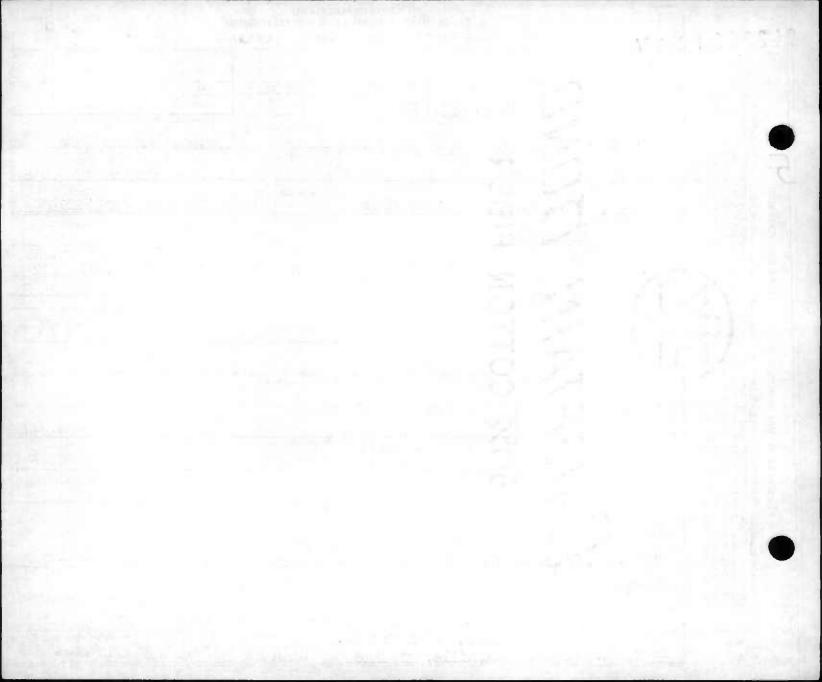
0429 H. IF ANY DELAY IS NECESSARY, PLASS 1, 2 AND 31OTHE PUNERAL DIRECTOR 13. BETAIN PAGE 5 FOR YOUR FILES. 2.5.FOULD BE FILED, WITHIN 22 HOURS TALL RECORDS, XII W. PRISTON STREET. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED THIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN EACH, ITEM 18, GIVE PAGES IS A SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINER, LONG WITH FOR MINE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. SIF PERMIT PAGES IN A FIRER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEN ALE. GIEFNE, DIVISION OF WITH BALTIMORE, MARYLAND, 21201 PRIGR TO BURIAL, CREMATION, SIFFEN OVAL.

07/84 25M

DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF BEATH

	1 - :	FOR STATE					AND MENTAL H	E PEATE	2 9	20
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3		male E	Black	Nov. 5,		YRS,		DEAD 9 BALTIMORE CITY	1-19-	
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f		Vash. D.		USA	N	WIDOW		TITIICC GC		County MD.
1	883		100	(IF NOT IN SUCH FAC	PITAL, NURSING HOA HLITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	PE OF WORK	OR INDUSTRY
2	Ter	mple Hi	lls		Parkway I		304	Contract Spec	ialist	US Gov't
5	IJa SI		13b. COUNT Pr.	Υ	residence before admis 13c. CITY OR TOWN Temple Hi		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 4507 23rd Pkw	y, #304	1/ 20748
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		VAS DECEASED	EVER IN U.S. ARM	NED FORCES?	16b. SOCIAL SECUR	ITY NO.	17 INFORMANT		4 Valle	y Ter. SE
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	MEC	WHILE AT WORK			DRY, FARM, ETC.)		STREET	CITY OR TOWN	COUNT	Y STATE
		220. I certify	y that I took charge	of the remains desc	ribed obove, held on	Autop	sy X, Inspectio	n , Inquiry , o	nd in my opinie	on
	-	death resulte	d from: Noture	ol couses X.	Accident . S	uicide	, Homicide .	Undetermined monner		
			Δι	0	46.10		TITLE (SPECIFY)			
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A.		(TYPE OR PRIN			A. Korell			Penn Street		
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		NAME			. Washingt		11 4 34			
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20	17	FOR STATE REGISTRAR			EALTH AND MENTAL HYG	SIENE 7 REG. NO.	2921
	(TYPE	CEASED NAME FIRST OR PRINT) Marga	rret 1	M. I	Tompson	20. DATE OF DEATH MONTH	9-87 2200 _M
	3. SEX	× Female	White	S. DATE C MONTH Jan	AT TEAR	6. AGE (IN YEARS LAST BIRTHDAY) 64 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1	a. Bl		L CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
		ashington, DC	U.S.A.	WIDOWE	DIVORCED [Prince Georg	
1	Tak	koma Park	Washingtor	GIVE STREET ADDRESS)	t Hospital	(TYPE OF WORK FOR MOST OF WORKING Housewife	G LIFE) 12b. KIND OF BUSINESS OR INDUSTRY OWN HOME
1	Ma	AL RESIDENCE (IF NURSING HOME ORC STATE 43 COUN aryland Monte		PENCE BEFORE ADMISSION) Y OR TOWN EVY Chase	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 3407 Coquelin	DDE 20815
1	DEA	ATHER'S NAME FIRST N	IDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	LAST
1	1	Gates G. Rapp	ED FORSESS IV. SO		Anna Mc	Carthy	
2		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES!	-18-2777	Francis G.Th		ame as # 13
7	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO.	SAME INC. SHOWN	DE WHICH OPERATION		IN CER	YES, WERE FINDINGS USED RT#YING CAUSES OF DEATH?
1		216. ACCIDENT WAS UNDERLYING CONCENTRIBUTING CALCAL OF DEAT	216 TIME OF INJUR HOUR A.M. MC	Y ONTH DAY YEAR	211. HOW INJURY OCCUR	RED (PHIER NATURE OF THARE OF THARE	YES NO D
	MEDICAL	314 INJURY OCCURRED	21s PLACE OF INJU	RY	211 LOCATION	COY OR TOWN	COUNTY STATE
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0401	19 JAN	-13	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF LEATH REG. NO. 2	9 2 8
PERSON PEASE	ALDIRECTOR. OUR FILES. HI 72 HOURS HON STREET,	3 SE)	EASED NAME FIRST LOT A RACE BLACK RITHPLACE (STATE OR REGION COUNTRY)	MIDDLE MIDDLE AND A COUNTRY LAST 20. DATE KNOWN OF ESTI- DEATH MATED \(\) - S. DATE OF BIRTH MONTH DAY YEAR NOV. 11 1919 67 YRS. AND CITIZEN OF WHAT COUNTRY? MARRIED \(\) NEVER MARRIED \(\) 9 BALTIMORE CITY OR COUNTRY.	3 19 80 TY OF DEATH
A S NEG	THE STEEL	10. C	MD. TY OR TOWN OF DEATH PHEVERLY	LI. S. A. WIDOWED DIVORCED & PRINCE CEST III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS), PRINCE GEORGES GEN. 1408P NURSE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	12b KIND OF BUSINESS NOB INCUSTOR
BALTIMORE, MD. 21201	PAGES 1. 2. AND 3. PETAIN PAGES 1. 2. AND 3. PETAIN PAGES 1. 2. AND 3. PETAIN PAGES 1. AND	130. S	THE HD. ISB. COUNTIER'S NAME FIRST THO H 4 S VAS DECEASED EVER IN U.S. AR	MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MARSHALL MIDDLE MIDLE MIDDLE MIDLE MIDDLE MIDLLE MIDLLE MIDLLE MIDLLE MIDLLE MIDLLE	EYST EYST
RECORDS, 201 W. PRESTON ST., BA	DING: IN PENCIL IN TEM 18. G DICAL EXAMINER ADVE: WIT A BURIAL: TRANSIT FERMIT PI TH AND MENTAL HYGINE DI TH AND MENTAL HYGINE DI TH AND MENTAL HYGINE DI	Z	PARTI DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate couse (a) stoting the under- lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL 8ETWEEN ONSET AND DEATH
DIVISION OF VITAL REC	WARDED THE WORD "PENDING MARDED TO THE CHIEF MEDICA PAGE 3 SHOULD BE USED AS. BUT ATE DEPARTMENT OF HEALTH AT 1201 PR OR TO BUTRIAL, CREWAT	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 210. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME, 21f. LOCATION	YES NO TOTAL
	EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR. P. AFFER DEATH, WITH THE ST. BALTIMORE, MARYLAND. 2	, R	22a. I certify that I took charg	ge of the remains described above, held an Autopsy , Inspection , Inquiry , ond in my or ordicauses , Accident , Suicide , Hamicide , Undetermined manner . TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGNE SIGNE ADDRES 3009 Rayburn Ct , Temple H	1-3-86
07/84	BP	23 8	JRIAL, PREMATION, REMOVAL	117/87 HARMONY MEM. PARK CAMPONER, P	I'G. HS.

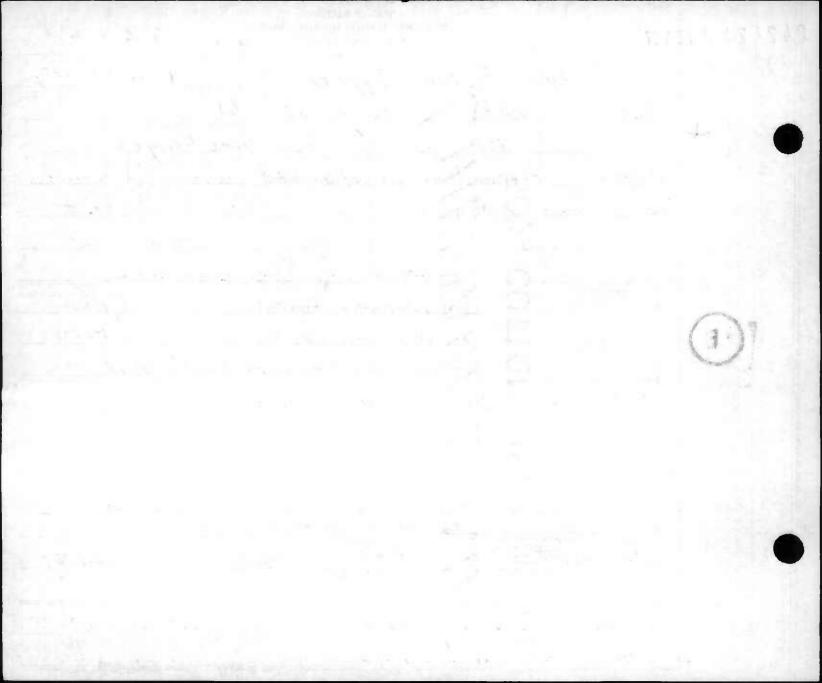
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H.S. WASHINGTON + SONS 4925 BURROUGH AVE W. SAN 5 1987 Julia Divideon. Randare

Thomas was ALL CHAIL

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	1			STATE	OF MARYLAND				
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4 Z I JAN	30	STATE REGISTRAR		CERTIFIC	CATE OF DEATH	B / REG. NO	UZ	ç ² 04	
	1. DEG	CEASED NAME FIRST	WIDDLE	LAS	ı		MONTH DAY	YEAR 2	ZE HOUR
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r. p	3. SE		4. RACE	5. DATE OF	DAY YEAR	AGE (IN YEARS LAST BIR	MON		HOURS MIN.
ge 4		Male	White	12	20 25	61	YRS		
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er deoth within 72 within 72	10. C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			17a USUAL OCCUPATI		17b. KIND OF	BUSINESSOR
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4 hours	13a. S	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	3d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
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thin ship		THER'S NAME			5. MOTHER'S MAIDEN NAM				
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rcote paper avol. ent, the		18. CAUSE OF DEATH (Enter an	ly ane cause per line for (a), (b), an	id (c).)				BETWEEN ON	ATE INTERVAL ISET AND DEATH
ph) n po m o ven		PART I. DEATH WAS CAUSED	E CAUSE (0) CANCIDOL	IND NE	my Arrey			MINI	stor
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		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	//-	1 0-	D. J	111	. 1	4
tho d b leos iot,		and my cause tast	() QVANOR	is ce	1 08/2/NO1	The Holl	1 619	d	1 100.
grie burn		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART Ira	
equi r signification of the si	Ó	CVATE PAROLY	1919, ONGAKIC	BAND	H SYNDYOM	e			
prio prio	18	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDING	SUSED
hos hos	Ĕ		The Property of the Party of th			YES NO NO	YES [G CAUSES O	NO [
N: The special	CERTIFICATION	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		71t. HOW INJURY OCCURRE				
4		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR		,			
SICIA no P Certification of P Ce	₫	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		 			
PHY endi this e bu d M	MEDICAL	71d INJURY OCCURRED	71e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, I		711 LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
atter the state of the honor riked	1	AT WORK NOT WHILE AT WORK							
AL AL			al) attended the deceased fram_	6	2/12 19.75		126.19.	87, th	iat (1) (we) last
TEN TOR or L		sow the deceased alive an	114 19	87_, and	that in (my) (our) opinian de	eath occurred an the de	ite and hour ai	nd from the co	suses stated
hosp IREC hed then them		abave, (1) (we) (did) (did not	view the bady after death.	DI	EGREE			122c. DATE SI	IGNED
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etained I									
5 £ 5 £ 3 \$	73c. E	BURIAL, CREMATION, REMOVAL	73b DATE 73c. 1	NAME OF CE	METERY OR CREMATORY	23d LOCATION			
BP		Cremation		Lee Cr	ematory	Clinton,	Prince	George	's Md
JI	74 FI		uneral Home, Inc		4	REC'D. BY REGISTRAR			
DHMH - 16 60M 7/84						D. D. REGIGINAN	LUB. REGIOTRA	. 5 5.0148101	
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(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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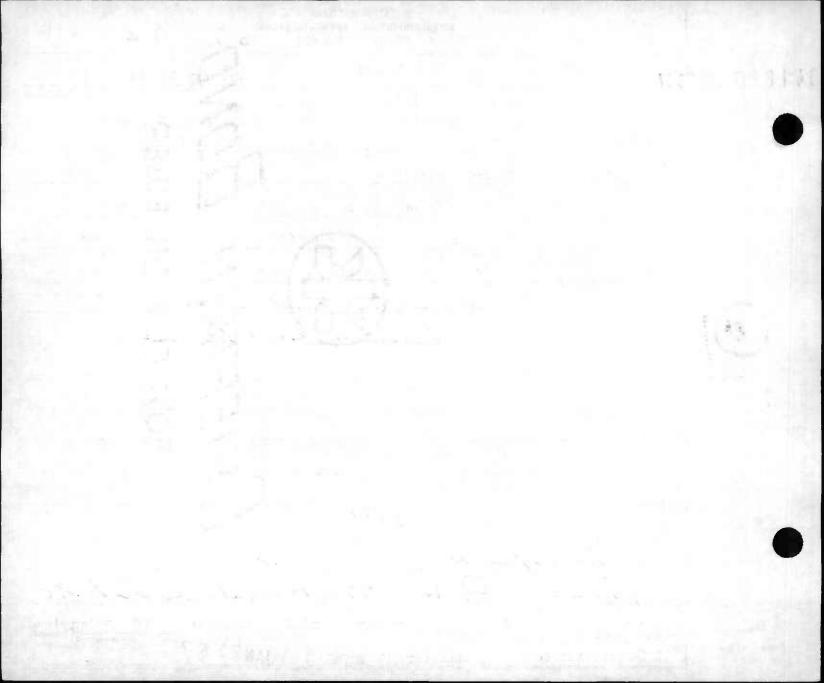
m r		OR PRINT)	FIRST	WIDDIE		LAS	1	1	2a. DATE OF DEAT	H MONTH	DAY YEAR	25 HOUI	R
oy be oge 3 death		1herta		M.		Tra	CV		1-2-	1987		12.	35PM
4 may	3. SE	(4 RA			5. DATE OF	BIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS		
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10 40 A	7a. Bi	RTHPLACE (STATE OR FC		TIZEN OF WHAT	OUNTRY?	8	-		9 BALTIMORE CIT			-	
1 11 15				110.	RIBERRY		☐ NEVER MAR		Durings	Casu	1- 0		
8 / 1		lkes-Barr		USA NAME OF HOSPITA		WIDOWED			Prince	PATION	IZE KIND		
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作 神 儿山				illa Ro			g Home		Housew	ife		ome	
2 2 2 5 T	13a. S		136 COUNTY		TY OR TOWN		3d. INSIDE CITY I	LIMITS?	13e.STREET ADDRE			0715	
" TO	Ma	ryland	Pr. Geor	rge's Bo	owie		8-6-1		12911 V1	ctoria	Heights	s Dri	ve
1 12 / 1	14. FA	THER'S NAME	MIDDLE	1608	LAST		5. MOTHER'S MA		NE MIDDI			c r	
1 11/6/		John	MINDSE		van		Ma		MIDDI		Linot	5	1965
1 CO 1		VAS DECEASED EVER II		ORCES? 166 SC	CIAL SECUR	ITY NO.	17 INFORMANT		3.003.3 AC	DRESS	a Heigh		3
1 60 6	0	res, no or unknown)	(IF YES, GIVE WAR		5-40-53	107	Mary Ca	themi	12911 V	Bowie,	a nergn	715	ive
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gned n pli buri ry, a	_	PART 2 OTHER SIGN	IFICANT COND	ITIONS CONTRIB	TING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE OR C	ONDITION	GIVEN IN PART I	0.	
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ony ony	3	190 DATE OF OPERAT	ION 1	96 CONDITION F	OR WHICH C	PERATION	WAS PERFORME	ED	20a AUTOPSY?		YES, WERE FIND! TIFYING CAUSES		
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ysici Tyging Sh	8	21a. ACCIDENT WAS UNDE		16. TIME OF INJUR			21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM I	8 PART I OR PART 2)	1000	48
Phy phy phy phy phy phy phy phy phy phy p	14	OR CONTRIBUTING C		HOUR A.M. M.	ONTH DAY	YEAR 19							
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the the the property of the ed o	ME	WHILE NOT WHI	LE	AT HOME, STREET, FACT	ORY, OFFICE, FAR	RM, ETC)	STREET		CITY	OR TOWN	COUNTY	51	TATE
After the cost the co	12	AT WORK AT WORK	K			12		. 01	1 = 3	7	\$ 7		
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OR DIRE		226 SIGNATURE		- bu	2	D	GREE	NONC	MEDICAL	STAFF	22¢ DATE	SIGNED	
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TO HOSPITAL TO FUNERAL should be def with the State IMPORTANT;		CIRO A.I	Morra	Vez . L	1D.3	8022	Dodge :	PKR	d - Lai	vobr	ne. u	(1)	
5 to 5 to 3 8		BURIAL, CREMATION, R		. DATE			METERY OR CREA	MATORY	23d. LOCATION	7000			
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	1 -	FOR STATE REGISTRAR		TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 / REG. N	0 2	931
JAN 2	TYPE	CEASED NAME FIRST CORPRINT) Katie	MIDDLE	Tu	cker	January		Zb. HOUR
	3. SE)	Female	4 RACE Black	5. DATE	OF BIRTH DAY 1898	6 AGE (IN YEARS LAST BIR		TYEAR IFUNDER 24 HRS
6	_	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRI WIDOW	IED NEVER MARRIED VED DIVORCED	BALTIMORE CITY O		TH MD.
	-	ty or town of DEATH Len Arden	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STRI 3116 Brightse	ET ADDRESS)		12a USUAL OCCUPATI LTYPE OF WORK FOR MOST OF Homemaker		IND OF BUSINESS OR ISTRY Pvt
35	130. S Ma	aryland P	OR OTHER INSTITUTION GIVE RESIDENCE BEF INTY G Glen A1	WN	13d. INSIDE CITY LIMITS? YES X NO	3116 Brigh	ZIP CODE	d 20785
6	FA	Green	MIDDLE LAST West		15 MOTHER'S MAIDEN NA/ FIRST Annie	WIDDIE		West
/ed/co			RMED FORCES? 166 SOCIAL SE VA 413-66-		Bonnie F. Joh		-0	Road 20785
Mary story of other	CERTIFICATION	cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT. 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTION OF WHICE	O DEATH BU		INAL DISEASE OR CON	DITION GIVEN IN PA	FINDINGS USED
a la por	0.000	210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAF	21c HOW INJURY OCCURR	YES NO	YES 🗌	NO 🗍
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	E FARM EIC)	2H LOCATION STREET	CITY OR TO	WN COUN	NIY STATE
21 k mar		22a I certify that (I) (this hasp	pital) attended the deceased from	74	and that in (my) (our) opinion o	, todeoth accurred an the do	ate and hour and fro	. that (I) (we) last
STANT, if Bem		226. SIGNATURA 226. PHYSIC AND NAME (1991	Kuln		ATTENDING PHYSICIAN	MEDICAL STAIL	72c.	DATE SIGNED
IMPORT	1	URIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY MONY Memorial	23d LOCATION CITY OR TOWN Landover	PG OUNTY	Mary land
7/B4		durial Deralbrectonkins 7474 Landover	Funeral Home		35a DAT		356. REGISTRAR SEA	BHATTORE CALL

DHMH - 16 60M 7/B4 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

director, page 3

death. Page 4 may be (2)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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()	-	4,		

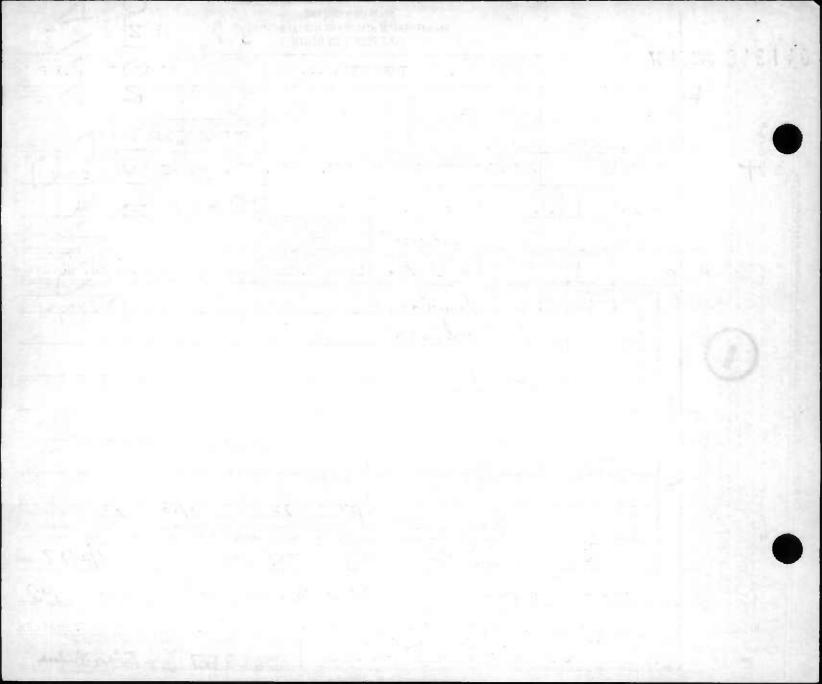
Julia Devidor Budala

FOR 1 - STATE REGISTRAR			DEPARTA		EALTH AND NICATE OF D		IENE .	REG. NO	0 2	2 4	చ్ చ
TYPE OR PRINT)	FIRST	JAMES	MIDDLE M.		TTE, S	r.	2a DATE O	F DEATH	01-13	-87	26 HOU 8.21
3. SEX		4. RACE		5. DATE C	OF BIRTH	YEAR	6. AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER
Male		Caucas	ian	July	16, 19	23	63		YRS.		
To. BIRTHPLACE (ST. COUNTRY) South Card		76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER M			VCE GE		of DEATH S Coun	ty
10. CITY OR TOWN C CHEVERLY		PRINCE	HOSPITAL, NURSIN	IG HOME O	R OTHER INST	TUTION	120. USUAL	OCCUPATION REPA	ON WORKING LIFE İrma n	12b. KIND C INDUSTRY Appli	
USUAL RESIDENCE (T30. STATE Maryland	13b. COUI		136 CITY OR TOW Hyattsvi		13d. INSIDE CI YES 🛣	NO 🗌	5204	ADDRESS / 56th	zip code Avenu	e 2078	31
14 FATHER'S NAME FIRST John		MIDDLE	Turket	te		MAIDEN NAA ERST a	AE	WIDDIE		Fray	lick
160 WAS DECEASED (YES, NO OR UNKNOV		MED FORCES? VE WAR OR DATES!	16h SOCIAL SECU 248-36-0		17 INFORMAN Sarah	ਯ (Wif L. Tur		ADDRE Hyat		4 56th le, Md.	
18. CAUSE OF PART I. DEA	IMMEDIA ony, which	TE CAUSE (a)	PRADA CONSEQUE	NCE OF						BETWEEN	MATE INTER ONSET AND
PART 2. OTHER	SIGNIFICANT	(c)	OR AS A CONSEQUE	DEATH BUT			200 AUTO		20h IF YES IN CERTIF	EN IN PART 10	NGS USE
OR COLUMN TO A	AS UNDERLYING COLORS OF DE	ATH HOUR A	OF INJURY M. MONTH D./ .M.	AY YEAR	21c. HOW IN	JURY OCCURR					,,,,
WHILE AT WORK	CCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATIO STREET	N .		CITY OR TO	WN	COUNTY	S
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(SPECIFY) Cres	nation	01/14,	/87 Me	tropo	litan C	remato	ry Al	lexand		COUNTY	Virg
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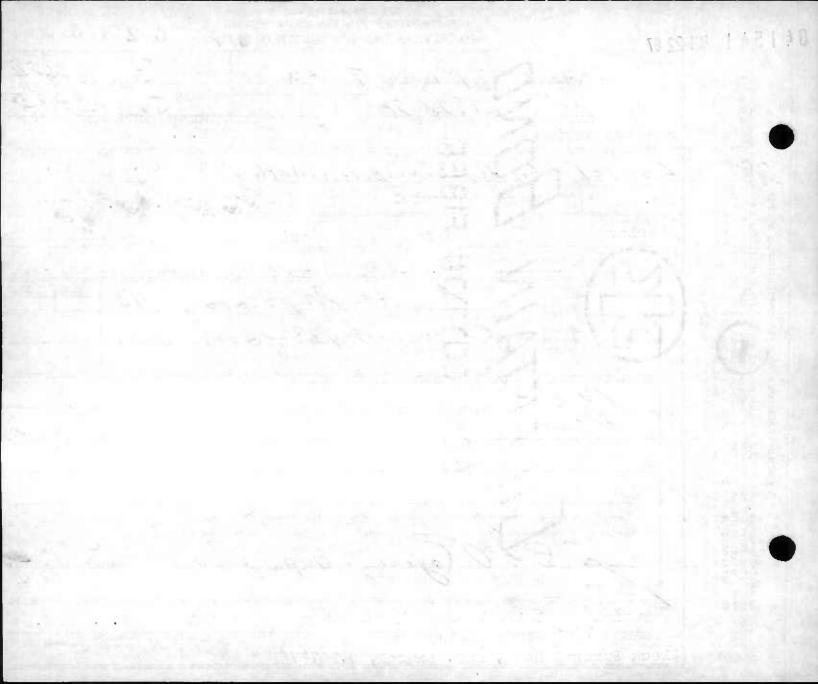
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate hos been signe should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene priar to bur

etoined by the hospital or attending physician



	1. I	tems # 2a & 22a, G-6	23 1/27/87		TE OF MARYLAND HEALTH AND MENTAL	HYGIENE	-	
141541 JAN	05	STATE REGISTRAR	ME	DICAL EXAMIN		OF DEATH RES	NO. 2 9 5	3
		CEASED NAME FIRST		MIDDLE	LAST	OF ESTI-	MONTH DAY	BY AR 26 HOUR
RECTOR. R FILES. HOURS STREET,	3. SE:	(RACE	5. DATE OF BIRTH	J. CHARD	T 4 + Q	DEATH MATED	Jan 129	16 -M
P. P. S. S. S. S. S. S. S. S. S. S. S. S. S.	3. 32.	no W	MONTH DAY	5129 SATE	Y) MONTHS DAYS HOURS	ER 24 HRS. 2c. DATE PRONOUNCED DEAD	2 12	33
AND AND AND AND AND AND AND AND AND AND	Se	IRTHPLACE ZADELON	76. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED A NEVER MAI	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH
SAN SAN Z	11	echoslovakia		USA.	WIDOWED DIVO	RCED P.G.		MD.
200	1	SUVE	11. NAME OF HOS (IF NOT IN SUCH FA		, OR OTHER INSTITUTION Belfsvilla	FOR MANUSCHING THE C	th. Se.	OF BUSINESS
ANY DI RETAIN COULD PECOND	USU.	RESIDENCE (IF IN NURSING HOME OF	other institution, gr ward	131 CHY OFFE ADMISSION	13d. INSIDE CITY LIMITS YES NO	\$ 9626 Balto.	Ave. 20	07.07
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ORE, SEE	Y.	WAS DECEASED EVER IN U.S. ARM	ED CODCECS	Tyfa	Marie	ADDRE	Oliverius	
BALTIMORE IS AFTER DEA GIVE PAGES ITH FORM P PAGES NAM	100	ES, NO, OR UNKNOWN) (IF YES, GIVE W		218-38-98				1.0
		18 CAUSE OF DEATH (Enter only	ane cause per line		22 BITZabet	h Heckman Ty	APPRO	DXIMATE INTERVAL N ONSET AND DEATH
A HO SERMI S	15	PART I DEATH WAS CAUSED IMMEDIATI	BY:	Hout	e My	cardial/	DIS. BETWEEN	N ONSET AND DEATH
HYG HAG		Conditions, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF /A	1 1 1	7	
E STANKE SK	1	gove rise to immediate cause (a) stating the under-	(b) COR	AS A CONSEQUENCE	Myoca	dial V	181	
20 0 N		lying couse last.	(c)	NON CONSCIONE				
LI RECORDS, 20 ULID BE EXECUTE "PENDING IN "PENDING IN SED AS A BURIL HEALTH AND AI, CREMATION		PART 2 DTHER SIGNIFICANT CONDITIONS C		BUT NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIVEN IN	PART 1 (g).		
RECO D BE PEND AS AS EALT	. Ne	19g, DATE OF OPERATION	A In CONDU	MON COD WHICH OPEN	ATION WAS BEDEGO SED			
SHOULD ORD "PE	FICA	-lope		ION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUT	
DIVISION OF VITAL RECORDS, 201,W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITH 24 HOUR RITING THE WORD "PENDING IN ESCHULIN ITEM 18 ROED TO THE CHIEF MEDICAL EXAMINE MOVING ROED TO THE CHIEF MEDICAL EXAMINE TO THE CHIEF MEDICAL EXAMINE TO THE CHIEF MEDICAL EXAMINE TO BE TO THE CHIEF MEDICAL EXAMINE TO BURIAL, CREMATION OR TEMPORAL OI PRIOR TO BURIAL, CREMATION OR TEMPORAL	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF MJURY IN ITEM		NO.ET
NA GATHOUN ARTON	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.M	. 19				
DIVISI DIVISI DATE, WRITIN CARWARDED OR: PAGE 3 SI ND, 21201 PR	MED	WHILE NOT WHILE AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOCATION STREET	CITY OR FOWN	COUNTY	STATE
A PRIEST		220 I certify that I taak charge		cribed above, held an	Autopsy , Inspect	ion 🔄, Inquiry 🔲,	and in my opinion	77.43E
MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR: FER DEATH, WITH THE SHOULD BE MARYLAND,		death resulted fram: Noture	l couses ,	Accident Su	cide, Hamicide	· Undetermined manner		
m03475		ACTUAL SEGNATURE 5	10	(anere	TITLE (SPECIFY)	MEDICAL EXAMINER	DATE SIGNED 2	12/19
MEDICAL CUTE THE SE 4 SHO FUNERAL TITMORE,		EXAMPLER'S NAME		0	7	MEDICAL EXAMINER	SIGNED	1884
N D S C C C M		OFFE OR PRINT			ADDRESS			
-		urial, Cremation, Removal 23 Burial 1	15/87	TVY Hill	Cemetery	Laure1	P°G.	Md.
07/84 BP 25M DHMH - 17	24 F	UNERAL DIRECTOR 7601 S	andy Sp	ring Road		E REC'D BY REGISTRAR 250 RE	GISTRAR'S SIGNATURE	
(VR A15 ME (5))	F1	eck Funeral H	Iome, In	c. Laurel	,Md.20707 Af	1 S O 1301	o formanda de	



STATE OF MARYLAND

DEDADTMENT OF HEALTH AND MENTAL HYCIENE

B	7 - STATE REGISTRAR	DEP		ICATE OF DEATH	REG. N	0 2	2 9	3 4
	DECEASED NAME FIRST RHODA	WIDDLE		AST MACH	JANUARY		1987	1:56P M
3	FEMALE	4. RACE WHITE	S. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	BIRTHPLACE (STATE OR FÖREIGN	76. CITIZEN OF WHAT COUN U. S. A.	MARRIE		PRINCE GE			y _{MD.}
1	GREENBELT	11. NAME OF HOSPITAL, N 4925 MANDAN	RUAD (SSS)	DR OTHER INSTITUTION	120 COMMENT CA REPRESENT		126. KIND C	TELEPHON
		RGE'S GREEN	VBELT	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 7925 MAND			1/5
1	ABRAHAM	MIDDLE SPIE	LMAN	FRANCES	WE		COHEN	if
1	WAS DECEASED EVER IN U.S. AR		42-1502	FRANCES SP		ESKEARN TH AMB		W IFRSEV
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (1997)	DUE TO, OR AS A CONS (c) W TOLE (d) W TOLE (d) W TOLE (e) W TOLE (d) W TOLE (d) W TOLE (d) W TOLE (e) W TOLE (d) W TOLE (e) W TOLE (e) W TOLE (f) W TOLE (f) W TOLE (g) W TO	SEQUENCE OF	my asset lune take bu	unt cun ce	A IDITION GIVE	1 m	DANIE INTERVAL ONSET AND DEATH
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W			200 AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDI	NGS USED
	710. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE- 18 ETHER, NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH	19	211 LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE
	220. I certify that (I) (this haspi saw the deceased alive on above, (I) 171. SIGNATURE	of view the pody after death.	19 8 1 , or	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	FF	and from the	SIGNED /87-
	saw the deceased alive on above. (I) in the fiding no.	at view the pody after death.	19 <u>8</u> +, or	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death accurred on the d	FF	and haur	and haur and Iram the

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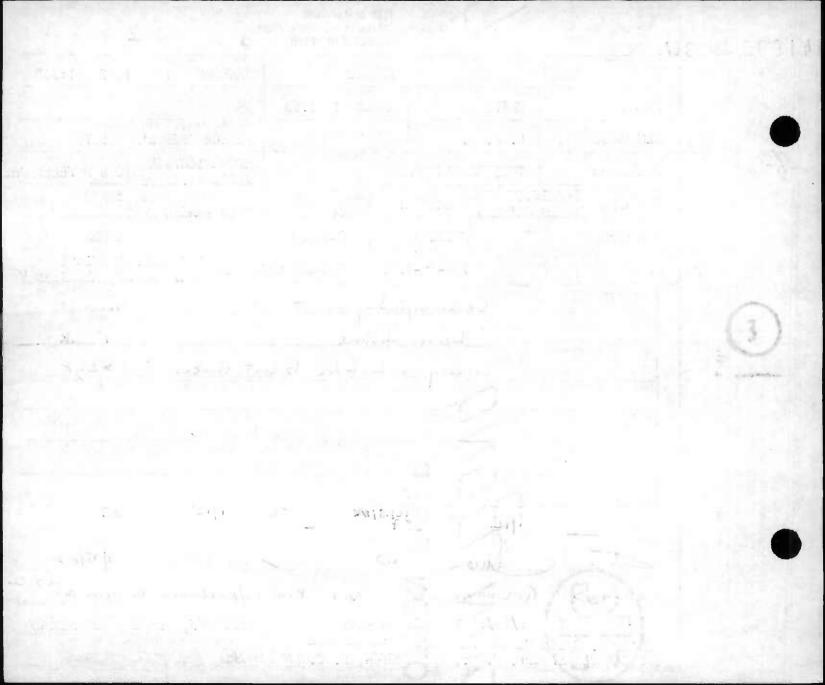
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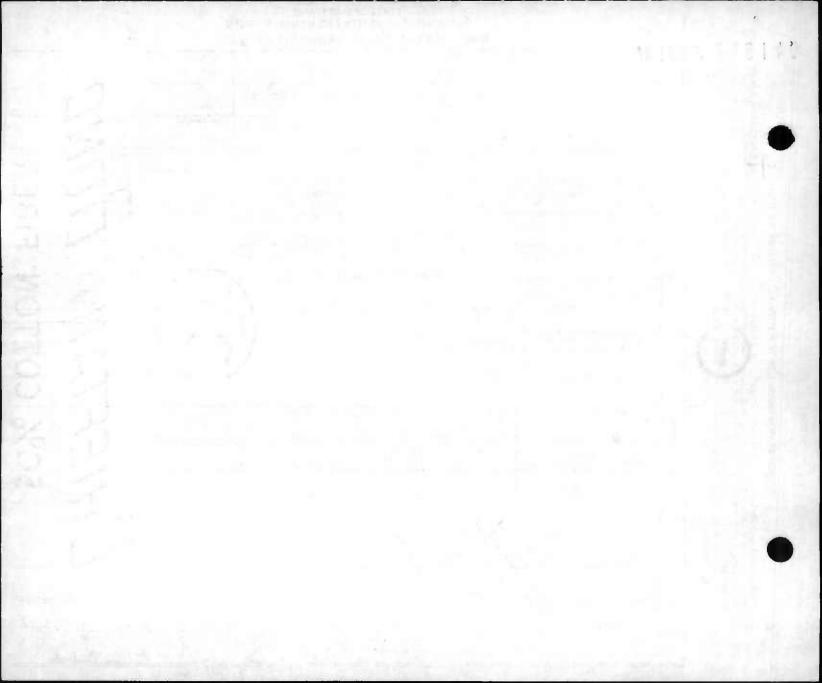
23a. BURIAL, CREMATION, REMOVAL BURIAL

1/16/1987

231. NAME OF CEMETERY OR CREMATORY CEDAR PARK

FOUNDAPO MP. STEIN HEBREW MEMORIAL FUNERAL HO 232 CARROLL STREET, N. W., WASHINGTON, D. FUNERAL HOME CJAN 19





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	21201	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifier to be executed within 24 hour offer death. Footreloined by the hospital or attending physician.	Office de	Alto Poge
TO FUNERAL DIRECTOR: After this certificate has been signed by the attention privace and completely linear on the Lawrial about be detached for use as the burial-transit permit. Then please remove carbon paper, occurred 2 thought be filled within 72 hairs with the State Dept. of Health and Mental Hygiene prior to burial, cremation or remove.	in by the turn be filed within	72 haurs
IMPORTANT: If Nem 21 is morked or Nem 18 shows any injury, or other transmitters end the medical enamer must be navited as become	1000	les de

7.0 1111.20	1 -	m # 16b, Film G 624 FOR STATE REGISTRAR	DE	PARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	8 / REG. NO		50
/ U JAN 28		CEASED NAME FIRST OR PRINT) FRAI	ICIS E	2. /	INTI	2a. DATE OF DEATH	MONTH DAY YEAR 1 · 13 · 87	HYD A
te 4 may crac. pos	3. SE.		4. RACE White	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	(HDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
To have the	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Montana	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIE WIDOW	DE NEVER MARRIED	PAINORE CITY O	R COUNTY OF DEATH	25 COMP
1011 86	10 C	CLINTON	11. NAME OF HOSPITAL, NI I I I I I I I I I I I I I I I I I I		OR OTHER INSTITUTION	12a USUAL OCCUPATI	F WORKING LIFE) INDUSTRY	Gov t.
100 hours in house be in house	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN P. (OTHER INSTITUTION GIVE RESIDENCE 134 CITY OF	E Prore admission) R TOWN ASh.	13d. INSIDE CITY LIMITS? YES NO [ZIP CODE ey Circle Dr	20744
The state of the s	1	Frank 1	Peter U	nti	15. MOTHER'S MAIDEN NAM FIRST Monida	MIDDLE	Evan	
		VAS DECEASED EVER IN U.S. AR/ (ES, NO OR UNKNOWN) (IF YES, GIVI	EWAR OR DATES) 517	6-5522	Verna E. Un	abdre as i	n 1tem 13	
requires that the death entering the signed by the uttention of the following the signed of the signed of the significant of th	VIION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTION 196. CONDITION FOR Y	ISEQUENCE OF		NAL DISEASE OR CON	DITION GIVEN IN PART 1:	
The low form.	CERTIFICATION			WHICH OPERATIO		YES NO	IN CERTIFYING CAUSES YES	OF DEATH?
G PHYSICIAN: The optending physicion er this certificate he the burial-transity and Mental Hygies hed or then 18 shown	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK ALWORK	TH HOUR A.M. MONT	19	211 LOCATION STREET	ED (ENTER NATURE OF INJUI		STATE
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TO HOSPITAL OR retained by the ho TO FUNERAL DIRE should be detached with the Stote Dept IMPORTANT: If free		William 1276 PHYSICIAN'S NAME (LYPEO	Ked Du	MAST	ATTENDING PHYSICIAN 2226. ADDRESS	MEDICAL STAIN DIRECTOR PHYSIC	E .	J&7 T-WASH
BP		BURIAL, CREMATION, REMOVAL SPECIFY Burial	1-15-87		ection Cem.	23d LOCATION CITY OR TOWN Clinton	COUNTY P.G.	STATE Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME P. Kalas F.H. 6		DRESS OX		2. 7 1987	25b. REGISTRAR'S SIGNAT	URE Pendalla

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STATE OF MARYL	AND
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may be page 3 er death	1. DE	CEASED NAME OR PRINT)	FIRST RNEST		A •		ADE	January	8, 198°	1674	26. HOUR 9:04
ertor, po	3 SE	Male		RACE White	9	5. DATE O		6 AGE (IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER 24 H HOURS M
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24 hours	13a. S		P · G ·	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Hyattsv	NN	136. INSIDE CITY LIMITS?	130 STREET ADDRESS 4922 La S	ZIP CODE	1. 2	0780
The state of the s	14. F/	Louis	A	IDDLE	Vala	de	15. MOTHER'S MAIDEN NA/ Josephine	MIDDLE	M	Basse	tt
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DING PHYSICIAN or offending phys After this certificate os the buriol-tro olith and Mental Hymorked at Item/8	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHILE AT WORK	ED	21e PLACE	M. OF INJURY REET, FACTORY, OFFICE, I	ARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
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		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after de retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rem	with the State Dept. of Health and Mental Hygiene prior to burial, cremation as Ferment

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	2

E OF DEATH	REG. NO.	0	2	7	3	ರ
AND MENTAL HYGIENE		al.		1	.,	0

		REGISTRAR CEASED NAME FIRST	WIDDIE	CERTIFICATE OF DEATH	REG. NO. 26 DATE OF DEATH MONTH DAY	YEAR 25 HOUR
	(TYPE	(OR PRINT)	R William	VANSCOY, Jr.	JAN 14	1987 9:45P
	3. SE	x Male	4 RACE White	5. DATE OF BIRTH March 2, 1925		DER I YEAR IF UNDER 24 HRS
PE	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF D Prince Georges	
28	ma	newswide Harb.	11. NAME OF HOSPITAL NURSIN	IG HOME OR OTHER INSTITUTION APPRESS) FORCE Base H		KIND OF BUSINESS OF
36	130. 5	STATE J36 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY	ADMISSION) N 13d INSIDE CITY LIMITS? YES \(\text{NO} \text{NO} \text{X}	Sweden Point Ro	pad/20658
81		ATHER'S NAME Omer ^{ERST} William	Vanscoy, Sr. AST	Virginia		LAST
medical	160 V	WAS DECEASED EVER IN U.S. /	ARMED FORCES? 166. SOCIAL SECU ST1, Korea 236-20	RITYNO. 17 INFORMANT -4319 Elizabeth	ADDRESS Vanscoy-Daughte	Same ₃ as
O.			DUE TO, OR AS A CONSEQUE	NCE OF HYPOXIA		
or other trouping		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ooxig		
y injury, ar ather trauta	NOIL	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	(b) A Y A DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	NNAL DISEASE OR CONDITION GIVEN IN	
naws any injury, ar ather trauma	RIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	(b) A Y A DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	200 AUTOPSY? 20b. IF YES, WE	RE FINDINGS USED G CAUSES OF DEATH?
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shows /		gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAMPLE) WHILE NOTHING ALL WORK 27a. I certify that withis has say the deceased alive above, If we'll did (id.d.)	(b) DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH DEATH HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY	OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION SIREET 211. LOCATION (OUT) OPINION	200 AUTOPSY? 206 IF YES, WE IN CERTIFYING YES NO YES TO YES	RE FINDINGS USED CAUSES OF DEATH? NO DR PART ?) COUNTY STATE Trom the causes stated
IMPORTANT: If them 21 is marked or Item 18 shows any injury, or ather trauther		gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF EITHER, NOTHY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF EITHER OF THE ORDER OF COURRED COURSED WHILE AT WORK NOTHY MEDICAL EXAMINATION OF COURSED COURSED 27a. I certify that Medical Course	(b) DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO (19b. CONDITION FOR WHICH DEATH HOUR A.M. MONTH DA P.M. 21b. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, F SPITAL attended the deceosed from an 19	OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET 219 211. LOCATION STREET	200 AUTOPSY? 206 IF YES, WE IN CERTIFYING YES NO YES TO YES	RE FINDINGS USED CAUSES OF DEATH? NO DEPART 2) COUNTY STATE

Aremart Funeral Home, Inc., La Plata, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	It	em # 8,10,5 Film G	623, 1/21/87 I.J	STAT	E OF MARYLAND		
041443 JAN	21	FOR STATE REGISTRAR		CERTII	IEALTH AND MENTAL HYG	8 / REG. NO.	2 4 3 4
± 3		EASED NAME FIRST OR PRINT)	WIDDLE	VESE	T V	January 17,1987	DAY YEAR 26 HOUR 6:50 P
4 may be or, page 3 fter death	3. SE X		Anna 4 RACE	5. DATE	OF BIRTH July 4,1898	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
FEMALE 70. BIRTHPLACE STATE OR FOREIGN			WHITE JANUARY 17, 1		ARY 17, 1987	88 _{YRS.}	
deoth. P	BAE	TIMORE MARYLAN		WIDOW		9. BALTIMORE CITY OR COUNT PRINCE GEORGE (
by the filled with		ANHAN Lanham	DOCTORS HOSPITAL, NU	IRSING HOME (OR OTHER INSTITUTION	HOUSEWIFE WORKING	LIFE) 126 KIND OF BUSINESS OR HOME
AND 21,	MA	RYLAND PRINCI	EY GOORGE 13 GREEN	BECT	13d. INSIDE CITY LIMITS? YES NO []	13. STREET ADDRESS / ZIP COL	COURT 20770
MARYL.	14. FA	THER'S NAME Henry	Meger LAST		is. Mother's Maiden Na	LOG	effler LAST
IMORE,		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL (212 07	7910	17 INFORMANT RAYMOND FLOR	ADDRESS ENCE 3604 NORTHW	NAY DRIVE 21234
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 The PHYSIC AN The law requires that the death certificate be required within 24 hours afternating physician physician than been upped by the attending physician good completely filled in by as the burnel from the period of the physician physi	CALC	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COUNTY OF CONTRIBUTING CAUSE OF DEAL OR CONTRIBUTING CAUSE OF DEAL IF EITHER, NOTHY MEDICAL EXAMINER COUNTY OF COURTED	19b. CONDITION FOR WI	EQUENCE OF TO DEATH BUT HICH OPERATIO DAY YEAR	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\text{NO} \)
TO HOSPITAL OR ATTEND described by the hospital of TO FLUKERAL DIRECTOR, whould be detected for use with the State Dept. of Head WAPORTANT, if hem 21 is in	24 FU	220. I certify that it this bags sow the deceosed alive an object if (we) (did) (disynation of the sich at the sic	23b. DATE 1/21/1987	23c. NAME OF CHOLY RE	ATTENDING PHYSICIAN E	depth occurred on the date and had been depth occurred on the date and had been depth of the date of t	22c. DAJE SIGNED 1/18/87 L han, MD. COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	DI	PPEL FUNERAL HO	ME 7110 BELÂÎ	R RD. B	ALTO. MD. 🕽	AN 20 1987 1	in Kindson Pandasa

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1			0	2	4	di	3
,	REG.	NO.	49				

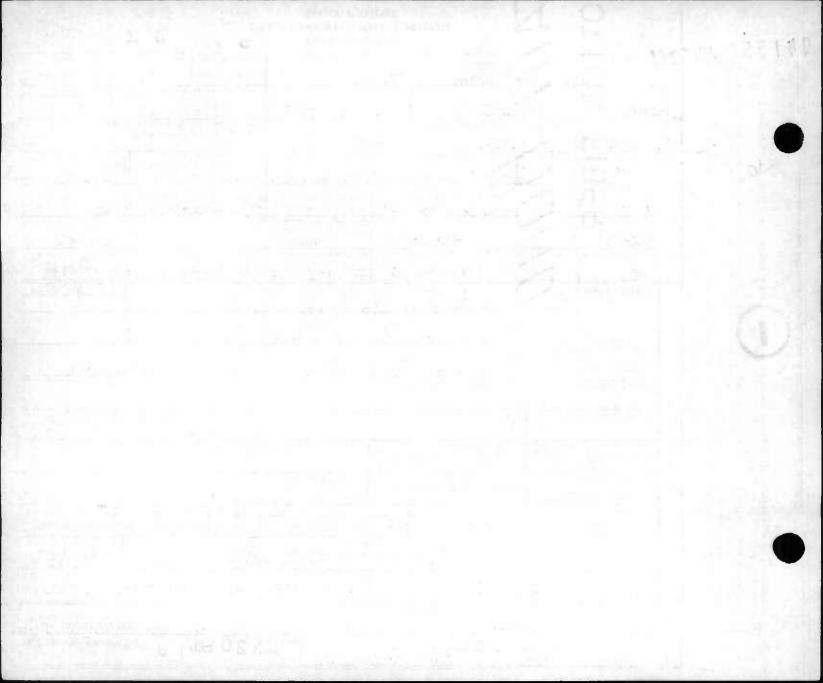
1 - STA			DEPARTA		EALTH AN	DEATH	SIENE	REG. NO.	0 2	2 9	4 0		
L DECEASI	ED NAME FIRST	٨	NIDDLE	t.	AST		2a. DATE O		NTH DA	Y YEAR	26 HOUR	_	
(TIPE OR PRI	Anna	Helen		VRIN	VRINOCK		JAN	UARY	12	1987	3:05F	M	
3. SEX		4. RACE		5. DATE OF BIRTH			6 AGE IN	EARS LAST BIRTHDA	_	UNDER I YEAR	IF UNDER 24 H	HRS.	
Female		Caucasian		Jan. 1 1909		78 YRS.			JA 13	TOURS I	ille.		
70. BIRTHPLACE STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY?		8. MARRIED NEVER MARRIED			Prince George's						
Pennsylvania		U.S.A.		WIDOWED DIVORCED			<u> </u>					MD.	
Lanham		11. NAME OF HOSPITAL, NURSING (HE NOT IN SUCH FACILITY, GIVE STREET A Doctors' HOspita					120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKET HOMEMAKET				OR		
USUAL RES 130. STATE Maryl 14. FATHER	and Prin	ROTHER INSTITUTION	13c. CITY OR TOW	E ADMISSION)	13d INSIDE	CITY LIMITS? NO R'S MAIDEN NA	13e STREET 9905	ADDRESS / ZI Marguer		Avenue	2	2076	
Michael		Novotn		y Anna					Sholtis				
	DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17. INFOR			ADDRESS			0.13		
	no		196-26-85		37 Durothy Elosi			hway daughter so			ame as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
gav cou und	nditions, if any, which we rise to immediate see (a), stating the derlying cause last. T 2 OTHER SIGNIFICANT	(c) 2	AS A CONSEQUE	AD A	NOT RELAT	l bower	le au	love E OR CONDIT	1 CERT	N IN PART 10	ìC,	_	
CERTIFICATION 510°	DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a AUTO			WERE FINDINING CAUSES			
CAL (IF	ACCIDENT WAS UNDERLYING [ONTRIBUTING [CAUSE OF DE EITHER, NOTIFY MEDICAL EXAMINE INJURY OCCURRED JE NOT WHILE [P./ 21e PLACE (M. MONTH DA M.	19	211 LOCA STR		RED (ENTERN.	CITY OR TOWN	TEM 18 PAR	COUNTY	STAT	E	
	certify that (I) (this hosp saw the deceased alive or above, (I) (we) (did) (did no SIGNATURE	111	219		nd that in (m	y) (aur) apinion	, to death occurre	ed on the date	ond hour o	ond from the		lost d	
22d.	PHYSICIAN'S NAME ITYPE ROBERT GEREI	11 0	- 11-37		22e ADDR	PHYSICIAN E	DIRECTOR	Hyatts		e, Md.	20784	4	
23a. BURIA (SPECIF BULL		Jan. 17	4			R CREMATORY		OR TOWN	own (t	countr	ton P	enn.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT, if Ben 21 is morked or Ben 18 shows any

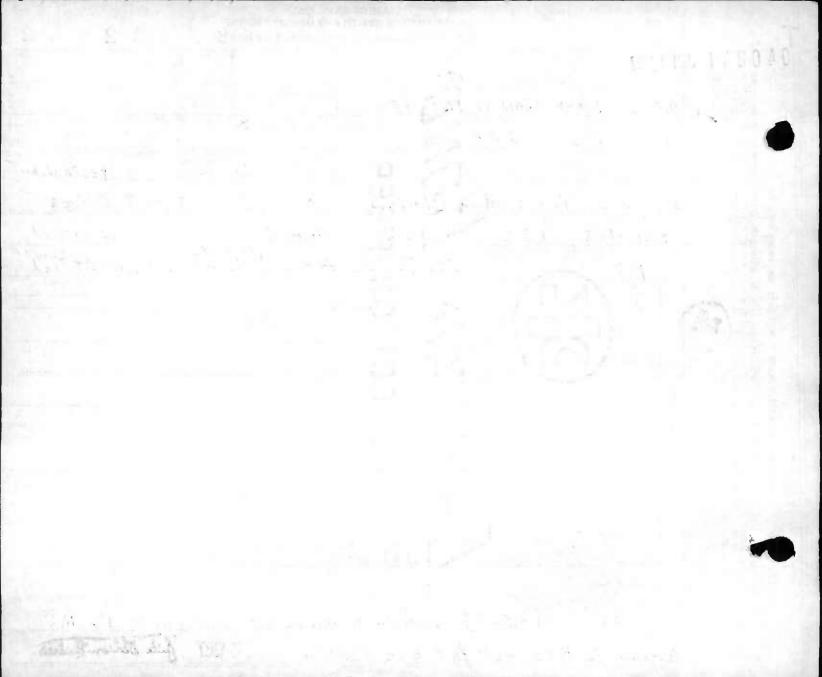
^{24 FUNERAL DIRECTOR} Francis J. Collins, Jr. 500 University Blvd. West, Silver Spring, 24 FUNERAL DIRECTOR

250. DATE 150 2 BORES 1878 256. REGISTRAR'S SIGNATURE

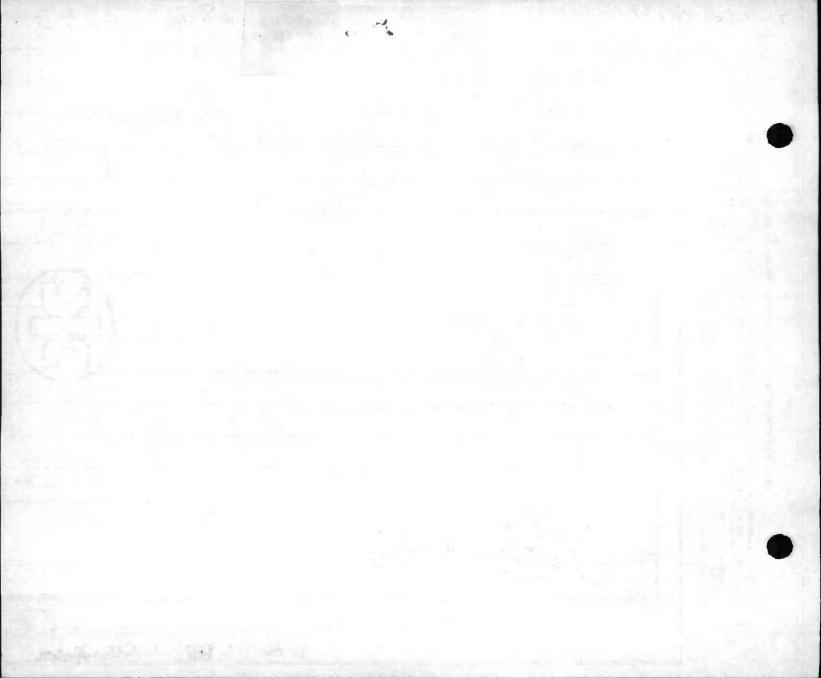


Fruit Heek 10 21 50 31 To recorder South Processor Proc med for Laphan x and simulate flow " 11/4 21/4 8 mile Thorse 1/4 25 miles to 1/4 1/4 20 Berell The It derived Dimend Langue

-		FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEASH 7 REG. NO. 2 9 4 2						
04	0841 1	DEC	OR PRINT	FIRST	WIDDLE	LAST	20. DATE KNOV		U	
	ELES ASE		TELL LAND	BENNIE	A.	WALKER	DEATH MAT	red □ 1-12-87 ₁₉		
	SARY, REASE NO DIRECTOR YOUR FILES NO 24 HOURS NO 37 HOURS	3. SEX	1 ~ 01.	S. DATE OF	CIAY YEAR LAST	BIRTHOAY) MONTHS DAYS	UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 26 HO		
	S S S S S S S S S S S S S S S S S S S	m la BII	RTHPLACE (STATE OR		17, 1968 /	YRS.	DEAD 9 BALTIMORE	1-12-8719 12:5	1	
	NESS AND AND AND AND AND AND AND AND AND AND	FOI	REIGN COUNTRY) 1 A3 H DC		5 A	8. MARRIED NEVE	R MARRIED A Prince G	_	A.A	
	PAGE S		Cheverly	(IF NOT IN	SUCH FACILITY, GIVE STREET AD	HOME, OR OTHER INSTITUTION CO. Hospital		ON TYPE OF WORK 126 KIND OF BUSINESS	_	
10212.	AND 3 TO AND BEAUN DE HOUID BUREFORDS	130. SI	ARYLAND 1	HOME OR OTHER INSTITU	UTION, GIVE RESIDENCE BEFORE	ADMISSION) WN 13d. INSIDE (1TY YES X	LIMITS? 130. STREET ADDRESS TO	RENT STREET		
RE, MD	PAR PAR 2	E	PIRST NAME	LEE	WALKE	R GRA		HINTON		
ALTIMO	AFTER DAYER PAGES 1.	16a. W (YE	(AS DECEASED EVER IN U (S, NO, OR UNKNOWN) (IF Y	J.S. ARMED FORCES ES, GIVE WAR OR DATES)	577 98	7153 GRAC	E JONES - 531	DDRESS 13 TRENT ST ML	1	
RESTON ST., B	M 18. G WIT P RMT. P		18. CAUSE OF DEATH (EART I DEATH WAS C	nter only ane couse CAUSED BY: MEDIATE CAUSE (a)	per line for (a), (b), ond (ele injuries		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA:		
	A SECTION OF THE SECT	1	Conditions, if any,	which DUE	TO, OR AS A CONSEQUE			7-27		
201 W.P	UTED WIT IN PENC EXAMIN HAL THE D MENT ON, DR P		gave rise to imm couse (a) stating the lying cause lost.) TO, OR AS A CONSEQUE	NCE OF		1 1 3 3 5		
CORDS.	BE EXECUTED IN THE PROPERTY OF	NO	PART 2 DIHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION G	IVEN IN PART T (0)			
28	T EE BENEFIE	CERTIFICATION	190. DATE OF OPERATIO	N 196. C	CONDITION FOR WHICH	20 AUTOPSY?	Ī			
DIVISION OF VITAL	SHOW SHOW IN THE S	TIFF	The state of the s					YESXX NO)	
	RTIFICATE SING THE WOOD TO THE COSHOULD BE SHOULD BE SHOULD BE SHOWN THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TO BUT THE SING TH	10.00	210. EXTERNAL CAUSE W UNDERLYING OR CONTRIBUTING CAUSE	НО	1000103489 45P 1-11-87	YEAR	in an auto/auto			
DIVISIO	ARDED TO VOER THE CERTIFIC THE ARDED TO VOER 3 SHOULD THE DEPART TO VOER TO VOER THE DEPART TO VOER THE DEPART TO VOER THE DEPART TO VOER THE DEPART TO VOER THE DEPART THE DEPART THE DEPART TO VOER THE DEPART	MEDICAL	21d INJURY OCCURRED WHILE NOT WHI AT WORK AT WORK	21e F	PLACE OF INJURY (AT HOREET, FACTORY, FARM, ETC.)	OME, 21f. LOCATION STREET	CITY OR TOWN	Capitol Hgts., Md.	£	
	NER: THIS CATE, W FORWA TOR: PAC THE STAT		220. I certify that I taal	k charge af the rema	treet	on Autapsy X	nspection , Inquiry ,	, ond in my apinian	_	
0	NECERTIFICATION OF THE COURT OF		ACTUAL SIGNATURE	Motural couses L	Brus	Suich Homicid	CIFY)	DATE 1_12_07		
	CO MEDICAL STATE CRACE A SHOUL CO FUNERAL DIVERS DEATH VALIMORE, MALIMORE, M		EXAMINER'S NAME (TYPE OR PRINT)	Dennis	s F. Smyth,		111 Penn Stree			
07/84	525 5 E	230.BL	JRIAL, CREMATION, REMO RECIPY) JURIAL	1-15-		OF CEMETERY OR CREMATOR	CITY OR TOWN	AND PG MSDE	=	
25M	DHMH - 17	24. FU	NERAL DIRECTOR	0 10	ADDRESS PA AICE	250	DATE REC'D. BY REGISTRAR 2	A BULL OF		
	(VR A15 ME (51)	AI	544.050 F	MAPLE 21	17 VA DICK	SK WALL DO	JAN 131987	inner Richard Ser Breiger		



		CEASED NAME	FIRST		WIDDIE		ERTIFICA'		20 DATE KNOWN	-	DAY YEAR	2b. HOUR
3S	{TY	PE OR PRINT)	Mary		A.	Wa	lter		OF ESTI- DEATH MATED		5 19 87	II. HOOK
TREE	3. SE.	X 4.1	RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	IDER 1 YR. IF U	NDER 24 HRS	2c. DATE	MONTH	DAY YEAR	2d. HOUR
ED, WITHIN 72 HOURS	Fa	male	White	9 16		YRS.	HS DAYS HO	URS MIN.	PRONOUNCED DEAD	1	5 1987	12:36 A M
SEST C		IRTHPLACE (STATE	OR	76. CITIZEN OF W	HAT COUNTRY?	8 MARR	ED A NEVER	MARRIED [9 BALTIMORE CITY	OR COUN	TY OF DEATH	
54		w York		U.S.A.		WIDOW		VORCED 🗆	Prince G			
Z		ITY OR TOWN OF	DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HO	5)		FOR	WAL OCCUPATION (1 MOST OF WORKING LIFE)	TYPE OF WORK	OR INDUST	
SE		inton	N NURSING HOME OF	Souther	n Maryland	Hospi	tal Cen	ter Ho	ousewife			
1	13a. S	rvland	136. COUNT		Tac CITY OR TOWN		13d. INSIDE CITY LII YES 🙀 N		REET ADDRESS 03 Chelten	ham Dr	20613	3
	14. F.	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S				LAST	
2	Le				Clinton,		Mary			1,14	Kline	
	160.	WAS DECEASED E	VER IN U.S. ARN) (IF YES, GIVE V	IED FORCES? (AR OR DATES)	166. SOCIAL SECUR		17. INFORMAN		ADDRE			
	140				083-160-4	42/	Robert	W. Wal	ter, 9403	Chelt		
		PART I DEAT	EATH (Enter only H WAS CAUSED	ane cause per line	far (a), (b), and (c).)	aminal	intoxi	cation			APPROXIMATE BETWEEN ONSET	AND DEATH
NA.			IMMEDIAT	CAUSE (a)	ug (Desipr	E OF	THUM	Cation				
CREMATION, OR REMOVAL.			if any, which		pressive d		r				100	
OR		cause (a) sta	ta immediate	(0)	AS A CONSEQUENC							
5		lying cause I	ast.	(c)							VEE	
		PART 2 OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OISEASI	OR CONDITION GIVE	N IN PART T (a).				
	N N	and a	ressive r									
-	CERTIFICATION	19a. DATE OF OF	PERATION	19b. CONDI	TION FOR WHICH OP	ERATION W	AS PERFORMED	?			20 AUTOPSY?	
2	1 =	21a EXTERNAL C	ALISEWAS	216. TIME OF	INTRIPY	101 116					YES	Жои
2		UNDERLYING	OR	HOUR A.M	MONTH DAY YE	AR			NATURE OF INJURY IN ITEM			
2	MEDICAL	CONTRIBUTING 21d. INJURY OCC	URRED		1-4- 19		Ject in	gested	prescript:	ron me	CATTOR	1.
	ME	WHILE AT WORK	T WORK	STIMECTAC	10Me	940	3 Chelt	enham I	or.,Brandy	wine, P	rince G	state
,	-	220. I certify the	hat I took	the regains des	cribed about held of	Autop	sy , Ins	pectian .	Inquiry K,	and in my ap	oinion	MD
5		death resolved	Sport	d courts .	Accident 1	kide X	, Hamicide	Undet	termined manner],	1-5-87	
Common, Man College		ACTUAL	14/1)	nu	all	3	TITLE (SPECI	,			Re-issu	
-	+	SIGNATURE	14	1000		<u>う</u> ^	o Chie	fMED	ICAL EXAMINER	DATE SIGNE	8-31-87	7
1		EXAMINER'S LA	John	E. Smia	lek, M.D.		ADDRESS	111 Per	n St., Bal	lto.,	MD 2120)1
	23a.B	URIAL, CREMATIO			23c. NAME OF C	EMETERY O	R CREMATORY	23d. LC	OCATION ORTOWN	COUN		ATE
	E	urial		L-8-87	St. Cha	rles (Cemetery	7 Gai	rdiner		New '	York
	1 24. F	UNERAL DIRECTO	R				250 1	DATE DEC'D DI	ADDOLCTDAD DEL DE	CICTDADIC C	CHIATURE	
. 17 AE (5))	1	NAME D Valac		ADDRESS	Hill Rd.,	Orran 1			REGISTRAR 256 RE	a David		



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by the funeral directar, p filed within 72 hours ofter

filled in lould be f

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2Ô

13d. INSIDE CITY LIMITS?

190

5. DATE OF BIRTH

01

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Prince George Hospital

Washington

16b SOCIAL SECURITY NO.

578 07 4866

REG. N	10.	2	4	feed 0
ATE OF DEATH	MONTH	DAY	YEAR	26 HOL
	1 -	58.	87	10.3
		47		

d	2a. DATE OF DEATH MONTH	5 % ·		10.3	
6	6. AGE (IN YEARS LAST BIRTHDAY) 81	MONTHS	DAYS	IF UNDER	
	9. BALTIMORE CITY OR COU		ATH		

MARRIED NEVER MARRIED Prince George DIVORCED

12b. KIND OF BUSINESS OR

STATE

28

INDUSTRY GOVT. (TYPE OF WORK FOR MOST OF WORKING LIFE) 13e STREET ADDRESS

YES X	NO 🗌	2999	Ellie1 2011	UL	2016	
	Stella		MIDDLE		Queen	
17 INFORA	AANT		ADDRESS		Mitch	

Vonciel Gray 11310 Chantilly Lane

PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b), and (c).) BY: E CAUSE (a) TARNO RES	PTRATIRY	ARREST	BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	ARTERY	36A 361B	

	(c)						
PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERMIN	AL DISEAS	EORCON	DITION GIVEN IN PAR	Tilo
	CHBOYIC	RE	UBL EALL	-Nr	5,		
19a. DATE OF OPERATION	196. CONDITION FOR WHICH OF	N WAS PERFORMED	20a AUTOPSY?		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
				YES 🔲	NOX	YES 🗌	NO 🗌
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M.	YEAR	21c. HOW INJURY OCCURRE	D (ENTERNA	ATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART	7 2)

211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE

22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME CITY OF PER

THEW	RIVERDALE	
22. NAME OF	CENTERN OF CREWARDON INC. LOCATION	

Buria1 2 Feb 87 Ft. Lincoln 24 FUNERAL DIRECTOR J.B. "Tenkins FH 7474 Landover" Rd Landover, Md.

23b. DATE

Suitland Maryland 25a. DATE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/B2

BP

this certificate has the burial-transit per and Mental Hygiene 80

FUNERAL DIRECTOR

nould be detained the State D

IMPORTANT:

230 BURIAL CREMATION, REMOVAL

(VRA 15, 4)

FOR

3 SEX

STATE

Male.

TO BIRTHPLACE (STATE OR FOREIGN

Maryland

Cheverly

Maryland

14. FATHER'S NAME

James

IL CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

136. COUNTY

Lorenzo

REGISTRAR DECEASED NAME (TYPE OR PRINT)

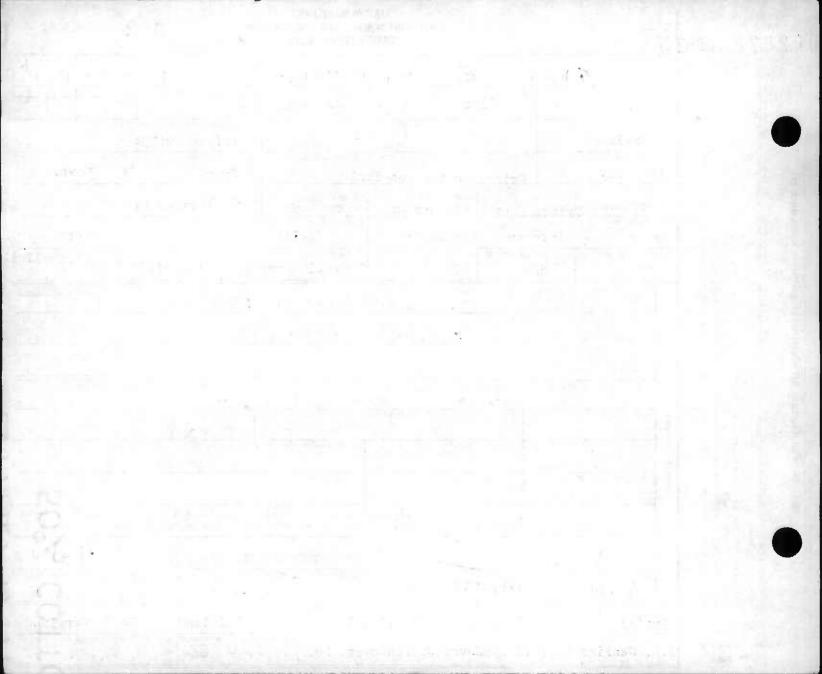
AMEJ

Black.

76 CITIZEN OF WHAT COUNTRY?

USA

Hrince George Bladensburg



1755 M 2514 mental and allered SUR NAME

ly filled in by the funeral director, page 3 should be filed within 72 hours ofter death (7)

- medical ex

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 3

1-	FOR STATE REGISTRAR	DEPAI		ICATE OF D		REG. NO.	0 2	7 -	. 0
TYPF TYPE	PASED NAME FIRST STREET	MIDDLE S.		TKINS			L-10-87	YEAR	26 HOUR 2 45AM
3. SE>	(4. RACE	5. DATE O		YEAR	6 AGE (IN YEARS LAST BIRTHD	MONTHS	FRIYEAR DAYS	IF UNDER 24 HR5 HOURS MIN.
	Female	Black	06	13	1913	73	YRS.	DATS	MIN.
	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTE	RY? 8.	NEVER N	ARRIED 🗆	9 BALTIMORE CITY OR	COUNTY OF DE	HTA	
	North Carolina	USA	WIDOWE		ORCED	Prince	George		MD.
. 10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		R OTHER INST	TUTION	12a USUAL OCCUPATION		KIND OF	BUSINESS OR
1	Cheverly	Prince George		g Home		Housewife		7031K1	N/A
	AL RESIDENCE (IF NURSING HOME OR			13d. INSIDE CI	TV LIANITS?	13e.STREET ADDRESS / Z	IP CODE		
	Maryland PG		Marlbon			125 Queen Ar		e Rd	1. 20772
14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S	MAIDEN NAM				
V	William		gomery		Lizzie	WIDDLE	V	Vhitl	ev
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMAL		125 Quéen			
14		N/A 246 54	1744	Harry	Watkins	Upper Marlh		_	772
CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (O) The DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECTION DUE TO, OR AS A CONSECTION CONDITIONS CONTRIBUTING 1 196 CONDITION FOR WHI	QUENCE OF	N WAS PERFO	Hypon	200 AUTOPSY? 12	N CERTIFYING	CAUSES	GS USED OF DEATH?
MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED		19	211 LOCATIC		CITY OR TOWN		DUNTY	STATE
×	WHILE NOT WHILE AT WORK	TAL HOME, STREET, PACTORY, OFFI	CE, FARM ETC)	JIKEE					
	22a. I certify that The (this hospi	view the body after death. HS La La	87. on	DEGREE A	TTENDING PHYSICIAN 🔊	mEDICAL STAFF	2		
	po-Hsla He	ug MD		3450-	Fort Ma	Rade Rd #2	07 Lac	reo	MD.207
23a. B	BUTial Butial	^{23b. DATE} 15 Jan 1987	Resurre		REMATORY	23d LOCATION CITY OF TOWN Clinton	PG		STATE PV1 and

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial transference prior to please with the State Dept. of Health and Mental Hyppinia prior to burial gr MPORTANT: If them 21 is marked or them 18 stores any injury, or

24 FUNERAL DIRECTOR
J.B. Jenkins FH 7474 Landoved Rd Landover, Md

JAN 21 1987



E TEMAI

342625 FEB

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	GIENES / REG. N	0 2	9 1	
	ECEASED NAME FIRST E OR PRINT) EDWAI		MIDDLE	VEEMS	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 87	26 HOUR 4:25A
3. SE		4. RACE		5. DATE C	JE BIDTH	6, AGE (IN YEARS LAST BE	PTHDAY) IF UNDI	ER) YEAR	IF UNDER 24 HRS
3.50	MALE	BLAC	张	OMPNTH		73	MONTHS		HOURS MIN.
To, B	SIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9. BALTIMORE CITY (YRS.	ATH	
	Md.	U.S.A			D NEVER MARRIED	PRINCE GE			
10.0	LITY OR TOWN OF DEATH			WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b.	KINDO	F BUSINESS OR
L	CHEVERLY				CAL CENTER	Farmer		oustry,	ng
13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 13b. COU!	P. G.	13c. CITY OR TOW Land OV 6	Ν	13d. INSIDE CITY LIMITS? YES A NO		/ ZIP CODE ghtseat	Rd.	185
17.	ATHER'S NAME FIRST TOSES	WIDDLE	Weens		15. MOTHER'S MAIDEN NA	(Unknown	1)	LAST	r
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	6ADDR	Ess Landov	zer	Rd.
	No		217-30-	-2436	Shirley P:	roctor- C	neverly	Md	MATE INTERVAL
CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, O	ONTRIBUTING TO E	DE TH BUT	Lonti Replanti		E FINDIN	IGS USED	
E E	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME C	E IN II IDV		21c HOW INJURY OCCUR	YES NO	YES _	DARK 21	NO 🗆
	OR CONTRIBUTING CAUSE OF DE.	HOUR A.	M. MONTH DA	YEAR	THE HOW HAJOR! OCCOR	(ENTER NATURE OF INJ.	JAT IN HEM 18 PART FOR	PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 216 INJURY OCCURRED WHILE NOT WHILE	21e. PLACE		19 ARM, ETC }	211 LOCATION STREET	CITY OR TO	OWN CC	YTAUC	STATE
	22a. I certify that (I) (this hosp saw the deceosed alive an above, (I) (we) (did) (did no 22b. SIGNATURE		- 0 19 8		nd that in (my) (aur) opinion DE REE ATTENDING	death occurred an the o	AFF 22	from the c	
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS	DIRECTOR PHISI		verl	
	S.C. Gui	PTA 1 1	4.D.		Prince Ge	orge's Gen		-	Id.
236	BURIAL, CREMATION, REMOVAL	23b. DATE	/	ARHON	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	ER P.G	NITY N	D. STATE
	UNERAL DIRECTOR				25a. DA	TE REC'D, BY REPISTRAS		SIGNAR	UPS. Pandal
1	t. S. WASHINGOL	1 + SONS	4925 E	BURRO	UGAS AVE. W.E.	.IAN OU I	, ,		

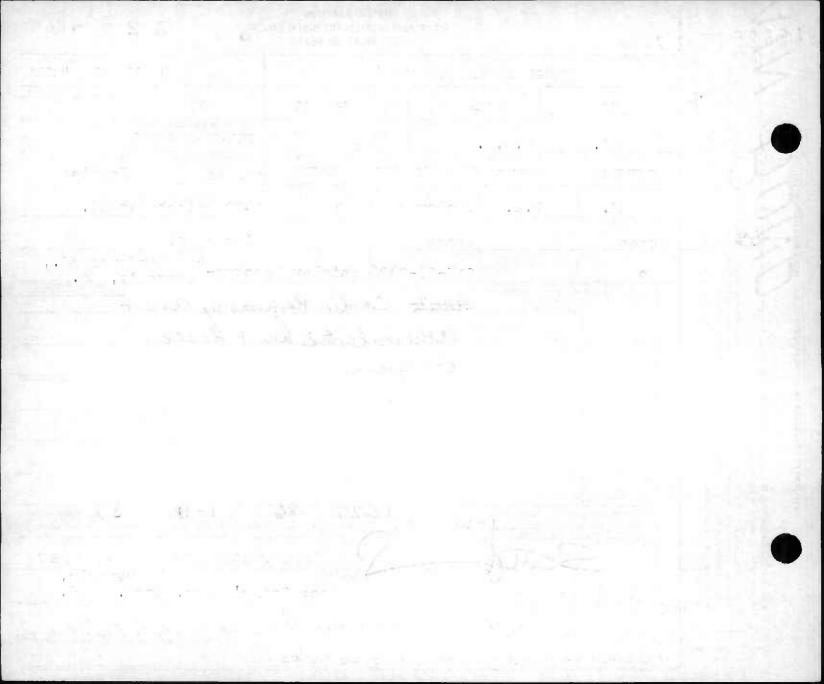
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Item 18 shaws ony injury, or ather traumatic event, th

MPORTANT: If Item 21 is marked or

24 FUNERAL DIRECTOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-PETER WEISS JOSEPH 4. RACE IF UNDER 1 YR. I F UNDER 24 HRS 3. SEX DATE LAST BIRTHDAY PRONOUNCED Oct. 5. 1928 58 6. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY MARRIED NEVER MARRIED Pennsylvania U.S.A. II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK AND 3 TO THE RETAIN PAGE HOULD BE FILE Production Analyst Electronics 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4711 Lackawanna St. 20740 MIDDLE MIDDLE UNAVAILABLE Anna Weiss 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS PAGES (IF YES, GIVE WAR OR DATES) Mrs. Mary T. Weiss, Same as Line #13 Korean 199-22-7801 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last E USED AS A BURI TOF HEALTH AND ORIAL, CREMATION PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORE PAGE 4 SHOULD BE FORWARDED TO THE CH TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE U AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURI YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WOO STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY Inspection 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Natural causes death resulted fram: Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) _MEDICAL EXAMINER ADDRESS 1919 Seminary Rd., Silver Spring, Md. John S. Rogers

07/84 DHMH - 17

(VR A15 ME (5))

Burial FRANCAISREGASCH'S SONS FUNERAL HOME, P.A.

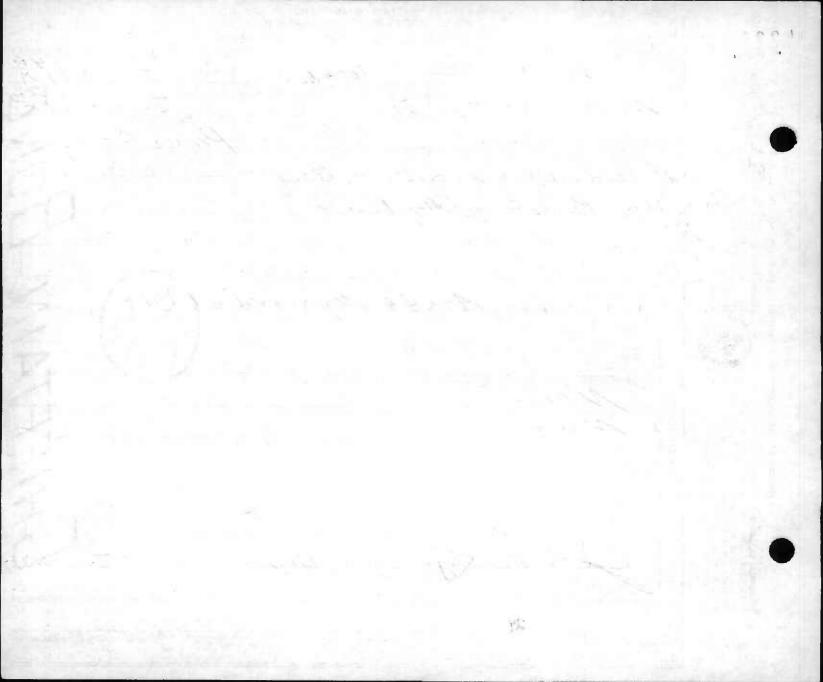
23a BURIAL, CREMATION, REMOVAL 23b. DATE

73r. NAME OF CEMETERY OR CREMATORY Gate of Heaven Cemetery

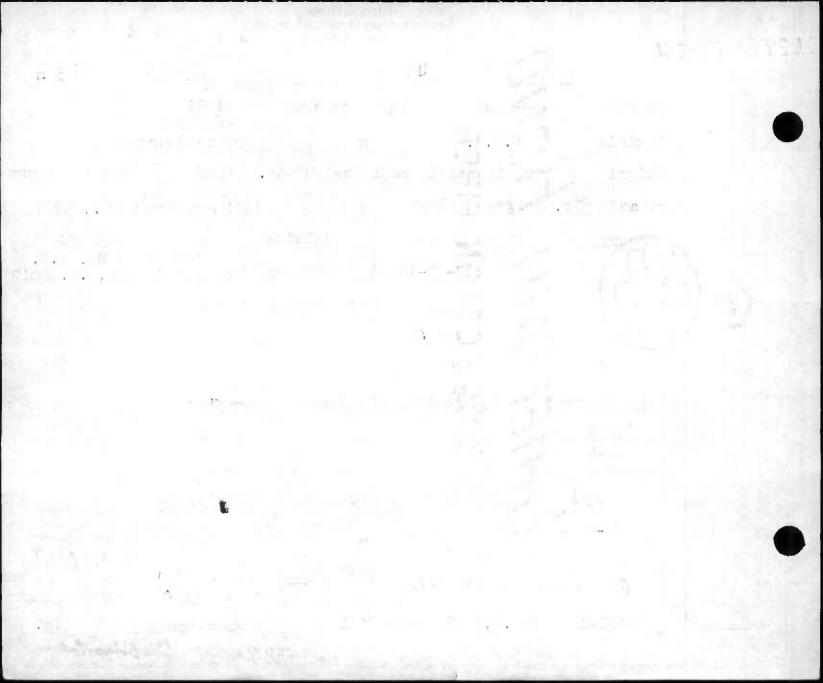
23d. LOCATION

Silver Spring, Mont., Md.

4739 Baltimore Ave., Hyattsville, Maryland



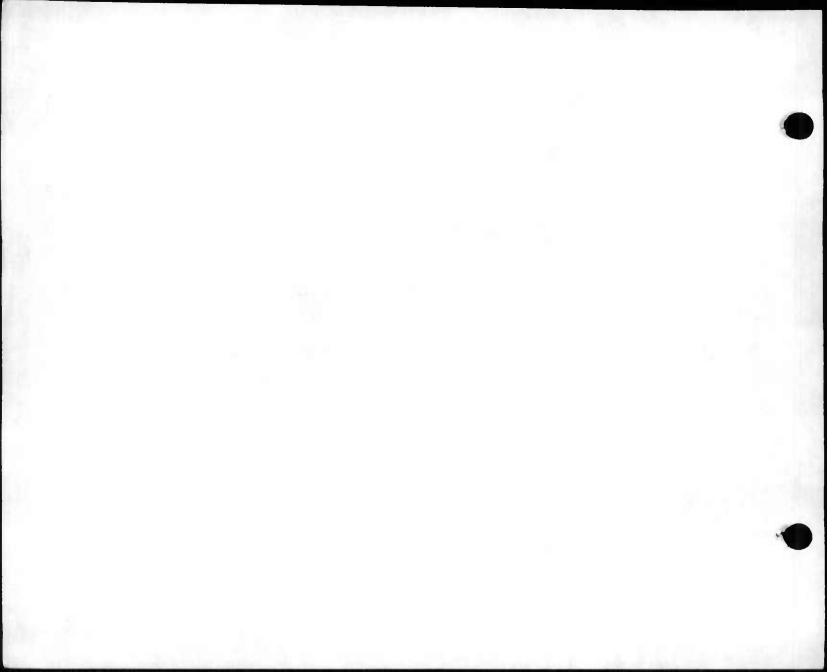
		FOR	DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE	2 9 4 9
754 FFR -	2 0	REGISTRAR	The second	CERTIFICATE OF DEATH	REG. NO.	6
oge 3 deoth		CEASED NAME FIRST EV	4 M	Vel/s	20 DATE OF DEATH MONTH	37 PEAR 25 HOUR 8:35 A M
frer po	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS AST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
oge 4		Female	Black	May 15 1895	(91 _{YRS}	
deoth. P	V	RTHPLACE (STATE OR FOREIGN OUNTRY) Irginia	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Geor	ges MD.
by the filled with	A	ty or town of death delphi	Presidential	NG HOME OR OTHER INSTITUTION TAGORESS) Woods Health Ct	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	IPE) IZB. KIND OF BUSINESS OR INDUSTRY Grocery Store
filled in	Mar	yland Pr.	or other institution, give residence before JNTY 134, CITY OR TO A Georges Adelph	YES NO	13e STREET ADDRESS / ZIP COD 1801 Metzero	tt Rd. 20783
ed within	14. FA	THER'S NAME FIRST Henry	MIDDLE BOWLE	er Adelaid	AME	Robinson
be executed on the control of the co		AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) NO	IVE WAR OR DATEST	urity no. 17 Informant -1905A Theresa G		3th Pl. N.E. gton, D.C. 20017
rtificote		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o SED BY: ATE CAUSE (o) AUTE	Cardio pulmonar		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth ce tother nove otio		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	JENCE OF		1980
into the day the deose remoiol, cremo or other t		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF		1980
equires n signe Then p r to bur injury,	NOI	PART 2 OTHER SIGNIFICANT	conditions contributing to	Meker Serie	WINAL DISEASE OR CONDITION GI	VEN IN PART 11a
The low ricion. The hos bee sait permit. Green prior shows ony	CERTIFICATION	N me	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED -	20a AUTOPSY? 20b. IF YE IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH ES NO
ICIAN: 19 physic entificate iol-trons ntol Hygerem 18 sh	7	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DE AUSE OF DE		PAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
DING PHYS or offer this c is as the bur olth and Me	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM_ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN the or or or use or or use or if Health		22a. I certify that has has sow the decease alive o	orten led the deceased from 19	ond that in (my (eq.) opinion	death occurred on the date and ha	, 19, that Diver lost
at OR AT the hosp at DIRECT efoched for the Dept. of the m 2 it from 2		226. SIGNATURE PATA	the body older death.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the Store I IMPORTANT: If		GB Put	PICK IM MI	D 22e ADDRESS 9231		1 209/0
BP Dys M	23a. B	urial, cremation, remova ^{Specify)} Burial	1 23b. DATE 23c.	NAME OF CEMETERY OF CREMATORY Rose Hill	23d LOCATION CITYOR TOWN Manassas	COUNTY VA.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	NERAL DIRECTOR NAME DANGE	& O Amor D		ZE REC'D. BY REGISTRAR 256-REGIS	TRAPS SIGNATURE



VOIDED DEATH CERTIFICATE NUMBER

87-02950

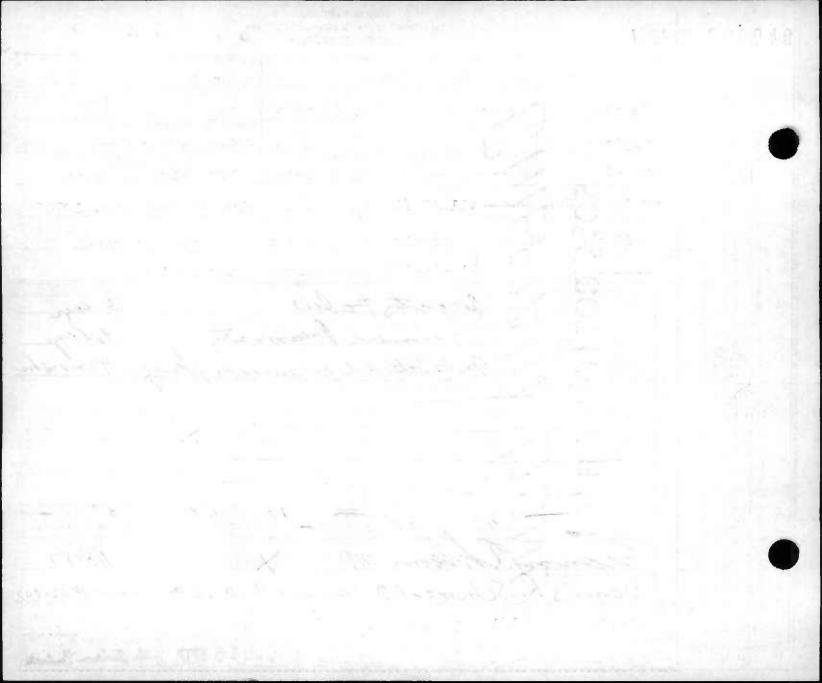
See 1986 deaths for Cynthia Lee Westbury



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

40983 JM	115	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 0 2	2 9 5 1
0.		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 25. HOUR
age 3 death	(ITPE	Patrio	cia Ann	Weston	January 8, 1987	12:15AM
may per d	3. SE	(4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOLAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		Female	caucasian	Feb. 28 1932	54 YRS.	MONTHS DAYS HOURS MIN.
Page dire		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	OF DEATH
eoth 72		faryland	USA.	WIDOWED DIVORCED		County MD.
no Softer of		aurel	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) Beltsville Hospita	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	12b. KIND OF BUSINESS OR
filled in following the must b	Ma Ma	AL RESIDENCE (IF NURSING HOME OF STATE PEDIA PEDIA	OTHER INSTITUTION GIVE RESIDENCE BEFOR	ADMISSION) 134 INSIDE CITY LIMITS? YES \(\text{NO} \(\text{NO} \)	130 STREET ADDRESS / ZIP CODE 4708 Lincoln	Ave. 20705
withing details	14. F.A	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
orted Comp	16- 1	Wilda E	rnest Litt		Mae E	Emanuel
be execu on and c		VAS DECEASED EVER IN U.S. AR	no 218-24-			
physicia papers papers papers papers			nly ane cause per line far (a), (b), an ID BY: TE CAUSE (a)	then to Can		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mding corbo or re-		IMMEDIA	DUE TO, OR AS A CONSEQU	ENCE OF	A	9-1-
de tra		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	OUE TO, ORAS A CONSEQU	ENGE OF alman	menty	49 months
duries 1	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASS OF CONDITION GIV	EN IN PART 11a
Dermit Prior	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
10 and 4	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	
A STATE OF		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR		
Wer Co	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 216. PLACE OF INJURY	211. LOCATION		
the the bear	¥.	WHILE NOTWHILE	(AT HOME, STREET, FACTORY DEELCS.		CITY OR TOWN	COUNTY STATE
A A A A A A A A A A A A A A A A A A A		AT WORK AT WORK	tal) attended the deceased fram.	~ 10.25	2 1/8	19.87, that (1) (m) last
五百 0 2 元 二		saw the deceased alive an	1/7 192	7 , and that in (my) (and) apinial	n death accurred an the date and hau	, (()
AT AT OUR OF OUR OF OUR OF OUR OF OUR OF OUR OF OUR OF OUR OF OUR OF OUR OUR OUR OUR OUR OUR OUR OUR OUR OUR		above, (1) (did no	ot) view the body after death.	DEGREE		17s. DATE SIGNED
RALDR detuch out Dr		Hens	Mahlen	MD ATTENDINA	MEDICAL STAFF	1/8/87
D HOSPI tained b		Dennis	R. Schunes	-120 14201 Laurel	Parkprive #102	Carrel Md20707
25-219		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	70 3	COUNTY STATE
BP			1/12/87	LINCOLN	BRENTINGOD	TG 1 Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR NAME LECK FUNERAL	Home Inc	Laurel, mo-	ATE REC'D. BY REGISTRAR 25b. REGIST	TRAK'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1º DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 35Pt 01-01-87 WILLIAM WHITE Winfield 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH July 21, 1892 Male Caucasian 7a. BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. WIDOWED DIVORCED | PRINCE GEORGE'S 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY RIN CE GEORGE'S HOSPITAL Savings & Loan Vice President MARYLAND 21201 CHEVEDIY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Marvland P.G. Landover 6813 Standish Drive YES XT 20784 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Alcinia (Unknown) 01ney White 16b. SOCIAL SECURITY NO. 17. INFORMANT (Daughter) 6813 Standish Drive BALTIMORE 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 578-03-8673 Madeline Shea Landover, Maryland 20784 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line (ar to), (b), and (c). PART I. DEATH WAS CAUSED BY da 201 W. PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate couse (a), stating DUE TO: OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 SION OF VITAL RECORDS, CERTIFICATION 19n DATE OF OPERATION WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 12-12-86 21c. HOW INJURY OCCURRED 710 ACCIDENT WAS UNDERLYING 216 TIME OF NJURY MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Home 198 (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21f. LOCATION 71d IN JURY OCCURRED (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 10 66 22a.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an above, (I) (we) (did) (didner) view the body after death and that in (my) (aux) apinion death accurred an the date and hour and fram the causes stated DIRECT 22h. SAGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF **PHYSICIAN** DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS Greenbel. maryland 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE

Cedar Hill Cemetery

Suitland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL

P.G.

Maryland

DHMH - 16 60M 7/84 (VRA 15, 4) (SPECIFY)

Burial

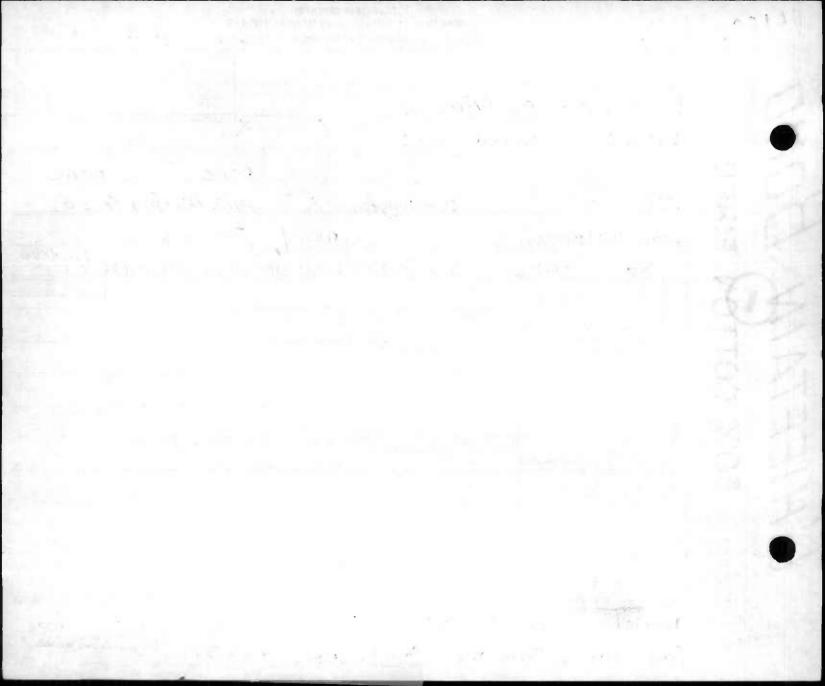
01/05/87

4739 Baltimore Avenue Hyattsville, Md. 20781

TTHE Office of Sons Funeral Home, P.A.

Primary property 2205 PROPERTY AND SERVICE

03 JAN L-STATE	DEPARTMENT OF	HEALTH AND MENTAL HY	GIENE		
JAN Z REGISTRAR UNKNOWN #87-19		NER'S CERTIFICATE OF	73 1 D	2 9 3 3	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE KNOWN	MONTH DAY YEAR 2b	HOUR
Angela	Maria	Wilkerson	OF ESTI-	1/10/ 1987	M
3 SEX 4. RACE 5. DATE C	DAY YEAR LAST BIRTHE	EARS IF UNDER 1 YR. IF UNDER 2	4 HRS. 24 DATE	MONTH DAY YEAR 24	HOUR : 00
Female Black 03	91965 21	rs.	DEAD	1/13/ 1987	PM
7a, BIRTHPLACE (STATE OR /b. CITIZE	N OF WHAT COUNTRY?	MARRIED NEVER MARRIE	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Virginia Uni	ted States	WIDOWED DIVORCE	1 1 1 1 1 1 0 0 0		MD
(IF NOT	E OF HOSPITAL, NURSING HOM I'M SUCH FACILITY, GIVE STREET ADDRESS)	E, OR OTHER INSTITUTION	20 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK 126 KIND OF BUSINE OR INDUSTRY	ESS
Suitland WOO USUAL RESIDENCE (IF IN MURSING HOME OR OTHER INST	oded area White		none	none	-
136 STATE	13c CITY OR TOWN	# 13d. INSIDE CITY LIMITS?	3e STREET ADDRESS	10,9449	9
4 14. FATHER'S NAME	WAShin	9 FON YES NO 1	2412 Hartso	19 St. D. Ell	_
FIRST // MIDDLE	LAST	Mary	C MIDDLE	LAST	
160. WAS DECEASED EVER IN U.S. ARMED FORCE	'ES? 166 SOCIAL SECURI		Offing tel	1000	1-0
(YES, NO, OR UNKNOWN) IN YES, GIVE, WAR OR DATE	(5)	3882 Leon Wilke	1501 6814W For	COLLOI LANDON	yer
18 CAUSE OF DEATH (Enter only one caus		2002 RECTIVITIES	130/1 6017 W POI	APPROXIMATE INTEL	RVAL
PART I DEATH WAS CAUSED BY:		ltiple Stab Woun	dc	BETWEEN ONSET AND	DEATH
IMMEDIATE CAUSE ((0)		<u>US</u>		
Conditions, if any, which	4.				
cause (a) stating the under-	(b) IE TO, OR AS A CONSEQUENCE	OF			_
lying cause last.	(c)				
PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING		MINAL DISEASE OR CONDITION GIVEN IN PART	1 (0		
NO					
196. DATE OF OPERATION 196 216 EXTERNAL CAUSE WAS 216	CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?	
				1 -7	0 🗆
	TIME OF INJURY OUR A.M. MONTH DAY YEA	21c HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 P	ART T OR PART 2)	
UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED WHILE NOT WHILE S	? P.M. 1/10/ 198		ed		
WHILE NOT WHILE	PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR FOWN	COUNTY	STATE
AT WORK AT WORK	wooded area	Whitehall Stre	et, Suitland,	Pr. Geo. Co.,	Md.
220. I certify that I took charge of the rei	moins described obave, held an	Autapsy X, Inspection	. Inquiry . and	d in my opinian	
death resulted from: Notural causes	Accident . S	vicide , Hamicide K	Undetermined manner .		
	m/	TITLE (SPECIFY)			
ACTUAL SIGNATURE	10 V	MDAssistant	MEDICAL EXAMINER	DATE 1/14/87	7
EXAMINER'S NAME					
(TYPE OR PRINT) Gregory	R. Kauffman, M				
236 BURIAL, CREMATION, REMOVAL 236 DATE		METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE	,
Burial 1-20-	-87 Harmon	of Cemetery	Landover	P.G. Md	
24 FUNERAL DIRECTOR	ADDRESS ON A	250. DATE RE	23 1987 Juli	Condes Codata	
Comer-Hodges 4901 n	lar loons rk. Coral	MIND MAL JAK	40 1901 0		100



	1.	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2 9 5								
4 23 6 JAN		CEASED NAME FIRST OR PRINT) MYRTLE				20. DATE OF DEATH	01 1	6 87	26. HOUR 10 05A	
T Z D Ig to Only	3. SE.		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	
s off		Female	Caucas	sian	Octo	ber 24, 1922	64	YRS.	AONTHS DATS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?		0	NEVER MARRIED	PRINCE GE			Y
18 14	10. C	TY OR TOWN OF DEATH CHEVERLY	11. NAME OF HOSPITAL, NURSING HOME OF				126 USUAL OCCUPAT TYPE OF WORK FOR MOST Homemaker			OF BUSINESS OR
AND 212	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION NTY George	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 3702 Ivy		ane	20715
MARYL mplerely and 2 s	14. FA	ATHER'S NAME Wiley	M.	Cook		15 MOTHER'S MAIDEN N. FIRST Lucy	M.	Bow		ST
# D C TO		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS		
I Pop #/		no la la la la la la la la la la la la la	VE WAR OR DATEST	257-16-6	337	Russell T.	Willer	same	as 13e	
F., BALT		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause pe ED BY: TE CAUSE (a)	rline for (a), (b), and Cardio	- Pu	lmonary	arrest		BETWEEN	XIMATE INTERVAL LONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON S: ING PHYSICIAN: The low requires that the death cert of the death cert of the death cert of the death cert of the build-transit permit. Then please remove carbotth on the build-transit permit. Then please remove carbotth on the death Hygiene prior to bidiol, scremation, or reported or trem-48 slaws any injury, or other traumatice.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	or as a conseque fras a conseque tatus	ilm	inant Pa	receati's	ricer	1	
equires equires in signier r to bidri injury, c	NO	PART 2 OTHER SIGNIFICANT Cirrhosisof		th Port			minal disease or ten		phage	illaria
TAL RECO	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES IN CERTIF YES		INGS USED S OF DEATH? NO [
PHYSICIAN: T ending physici this certificate be buriol-transit and Mental Hygi d or Item-48 %		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH DA	YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF IN)	URY IN ITEM 18 P.	ART I OR PART 2)	
IC PHYSIC offending fer this cer is the burion of one Merician of	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
ATTENDING sspiral or oth cCTOR: After of d for use os the of defends of the of Health on m 21 is market		220.1 certify that (I) (this hasp saw the deceased alive a abave, (I) (we) (did) (did no		1 (72.00	ad that in (my) (our) apinia	to	date and hou	r and from the	, that (I) (we) last e causes stated
Che ha						DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 116187				
HOSPITAL iined by the FUNERAL wold be deten he the States	1	224 PHYSICIAN'S NAME (TYPE OF PRINT)			22e ADDRESS					
TO HOSPITAL TO FUNERAL Should be deto with the State (IMPORTAN): If		Rakesh Arora	MD			14300 Gall	ant Fox Land	e, Bow	ie, Md	
	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
BP	24 5	UNERAL DIRECTOR	Juan.			nd Veterans			, Mary	
DHMH - 16 60M 7/B4 (VRA 15, 4)		all Funeral Hon	ie Da	Bowie,	_		N 2 8 1987	Julia d	Lorder .	Rondale

STATE OF MARYLAND

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

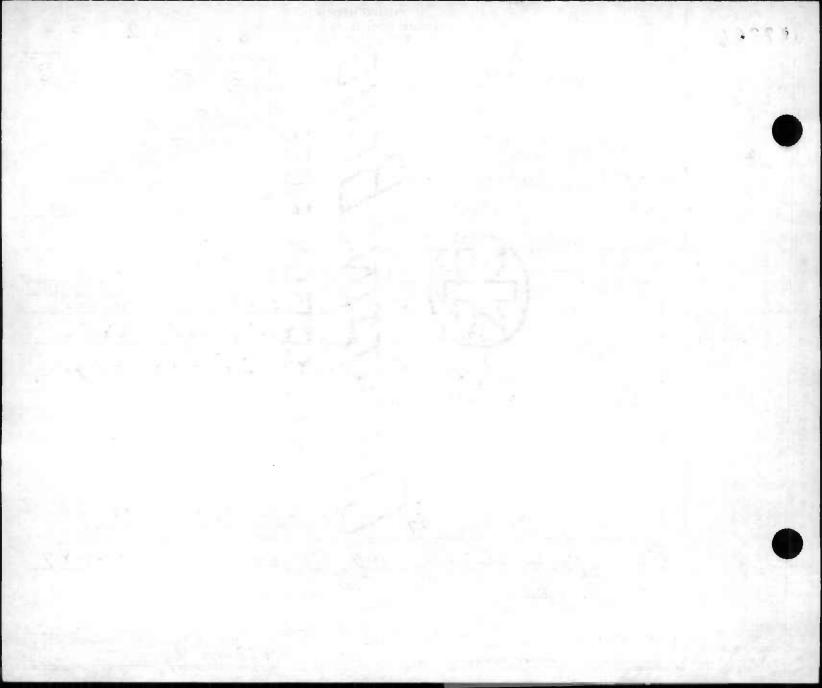
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11.5	6.0	REGISTRAR			CEKITE	ICATE OF DEATH	0 /	REG. NO.		
		CEASED NAME FIRST	W	IOOLE	i.	LAST	20 DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
	(TYPE	MARY	Dudle	еу	W:	HiAME	1-21-	87		5 33
	3. SE		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEAR	RS LAST BIRTHOAY)	IF UNDER 1 YEAR	
	Fe	emale	Caucasia	an	MONTA 10	30 1900	8	36 YRS.	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8.			CITY OR COUNT	Y OF DEATH	
-		Virginia	U5	A	MARRIE WIDOWE		Prince	e George's	S	MD.
1	G	veenbelt	Greenbe	FACILITY, GIVE STREET A	a Ce	enter institution	120 USUAL OC (TYPE OF WORK FO Teach	OR MOST OF WORKING LI	FE) INDUSTRY	of Business or ation
1	130. S	7 7 7		GIVE RESIDENCE BEFORE 13; CITY OR TOWN	4	13d. Inside City Limits?	6432 0	odress / zip codi Otis Stree		20784
0		enry Benj	amin \	Williams		Mattie	W. I	MIDDLE	Brown	n n
1	160 V	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT 41	0 V.M.I.	ADDRESS Par	rade,	
	NC	VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	235-38-1	.114	John W. Knaj	pp, L∈	exington,	Va. 24	450
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per l ED BY: TE CAUSE (a)	Metak	olice	Acido	515		BETWEEN O	ONSET AND DEATH
The state of the s		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)	AS A CONSEQUE	1 Ni	spiration	ours a	eter v.	481 3 d	lers
	NOI	PART 2 OTHER SIGNIFICANT	conditions co	ATRIBUTING TO D	EATH BUT	TO THE TEN	MINAL DISEASE O	OR CONDITION GIV	VEN IN PART 1	0
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH (OPERATIO	N WAS PERFORMED	20a AUTOP	IN CERTIF	S, WERE FINDIN FYING CAUSES ES	NGS USED S OF DEATH? NO
2		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	AIII	MONTH DA		21c HOW INJURY OCCU	JRRED (ENTER NATU	RE OF INJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE O		RM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a.l certify that (I) (this hasp saw the deceased alive or above, (I) ((we) (did) (did not be saw that the deceased alive or above).	20 16	ic 19%	elle I	nd that in (my) (our) apinio	5 to	on the date and hou		that (I) (we) last
		Thomas m	Hulst	· · · · · · · · · · · · · · · · · · ·	-	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	SIGNED 1-87
1		224 PHYSICIAN'S NAME ITYPE	OR PRINT)			22e ADDRESS				
		Thomas M. Hut				6214 Lando			r, Md.	20785
	- (BURIAL, CREMATION, REMOVAL (SPECIFY) 171al	1-26-8			Church Ceme	CITY OR	TOWN	sex. V	a.
1	24年	RANG PSECGASCH'S						GISTRAR 25h REGIST		
	47	739 Baltimore A	ve., Hya	ttsville,	Mar	yland JA	IN 28 198	37 Julia	Real 4	2
										The second secon

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been sishould be detached for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If them 21 is marked or them 18 than any injury.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR REG. NO DECEMBED NAME 20 DATE KNOWN (TYPE OR PRINT) DEATH MATED IF UNDER 24 HRS DATE YE AR LAST BIRTHDAY) RONOUNCED DEAD White 05/01/05 81 MARRIED X NEVER MARRIED West Virginia U.S.A. Prince George's County WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION IF NOT THE COLOR STREET ACORESTI 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Building Supervisor Board of Lanham USUAL RESIDENCE | IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Education 3d INSIDE CITY LIMITS? Greenbelt 7B Couthway Road Maryland 20770 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME William Jackson Williams Lillie Thacker 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 234-32-3100 Rita M. Williams (Wife) Same as #13 18 CAUSE OF DEATH (Enter only one couse per m (a), (b), and (c),) with gardis Vascul PART I DEATH WAS CAUSED BY IMMEDIATE CAUS OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 19a. DATE OF OPERATION USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O AND, 21201 PRIOR TO BUR NO 4 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY IL LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE DOT WHILE COUNTY STATE FUNERAL DIRECTOR: PACE DE L'ANDIT DE STATEMENT DE STATEME 22a. I certify that I took charge of the remains described above, held an Inspection Hamicide ___ death resulted fram: Natural causes Accident. Suicide Undetermined monner TITLE (SPECIFY) Deputy SIGNATURE EXAMINER'S NAME Augusto P. Rodriguez. M.D. ADDRES 5009 Rayburn Ct , Temple Hills, MD (TYPE OR PRINT) 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Cremation 01/25/87 Metropolitan Crematory Alexandria 07/84 Virginia Francis Gasch's Sons Funeral Home, P.A. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **DHMH - 17** 4739 Baltimore Avenue Hyattsville, Md. 20781

(VR A15 ME (5))

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director, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

5 2

1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE / REG. N	0 2	9 :	5 /
1.80	CEALD NAME	FIRST		AIDDLE	1 5	AST	26 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
F		RDO		Ph		-LOUGHBY		1 18	81	1.13 FM
3. SE	Male	4.	Whit	e	Feb S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	IHS DAYS	IF UNDER 21 HRS
0	IRTHPLACE (STATE OR		USA	what country?	WIDOWE	The state of the s	9. BALTIMORE CITY OF		DEATH WEE	5 COMD.
10 C	ITY OR TOWN OF DEA		SOT IN SUC	HEACHITY GIVE STREET	ADDRESS)	OF HOSP.	(TYPE OF WORK FOR MOST O Auditor	ON OF WORKING LIFE)	NDUSTRY	ov t
92	ryland	Proge		Temple of the control		13d. INSIDE CITY LIMITS? YES NO NO	136.538F549DRESS	inkTey	Roa	2748
1407	DICK	MID	DIE W	illoʻʻlgh	nby	Pearl	AME	Alsp	augh	51
	WAS DECEASED EVER	IN U.S. ARME (IF YES, GIVE W		166 SOCIAL SECT 280 16	5634	Shirley P	Willoughb		e as	#13
NOIL	Conditions, if any, gove rise to imm cause (a), static underlying cause	nediate ng the lost.	DUE TO, OF		ENCE OF DEATH BYT		Dis ease MINAL DISEASE OR CON			
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO	20b. IF YES, W IN CERTIFYIN YES		
MEDICAL CER	21g. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER_NOTIFY MED)	CAUSE OF DEATH CALEXAMINER)	21b. TIME O HOUR A./ P./ 21e. PLACE O	M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MEC		HILE 🔲		EET, FACTORY, OFFICE,	FARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
	220 I certify that (I) sow the decease above, (I) (we) (ed olive on	1-19	198	. or	nd that in (my) (our) apinio	n death accurred on the de	ote and hour on		that (I) (we) lost couses stated
	226. SIGNATURE	me	وما	0	7)	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
	22d. PHYSICIAN'S NA	AME (TYPE OR PP	. K	DUL	n.D	3710 RIV	iera St.	Temp	641	PLs Md
22- 1	BUDIAL CREMATION	DELLONIAL	004 0 475	122	NIAME OF C	FALETERY OR COPY	1221 LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

etoined by the haspital TO HOSPITAL OR

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending provides should be detacked for use as the burial-transit permit. Then please remove carbamangems

should be detoched for use as the burial-transit permit. Then please remove cark with the Stote Dept. of Health and Mental Hygiene priar ta burial, crematian, or

IMPORTANT: If Item 21 is marked or Item 18 shows

injury, or other traumatic

Burial

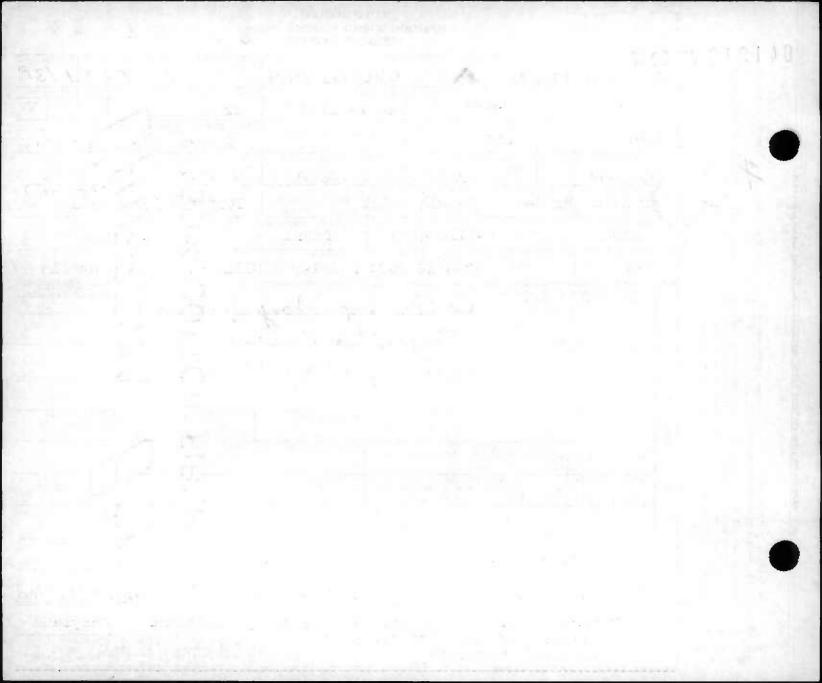
22Jan1987 Cedar Hill Cemetery

Sultland

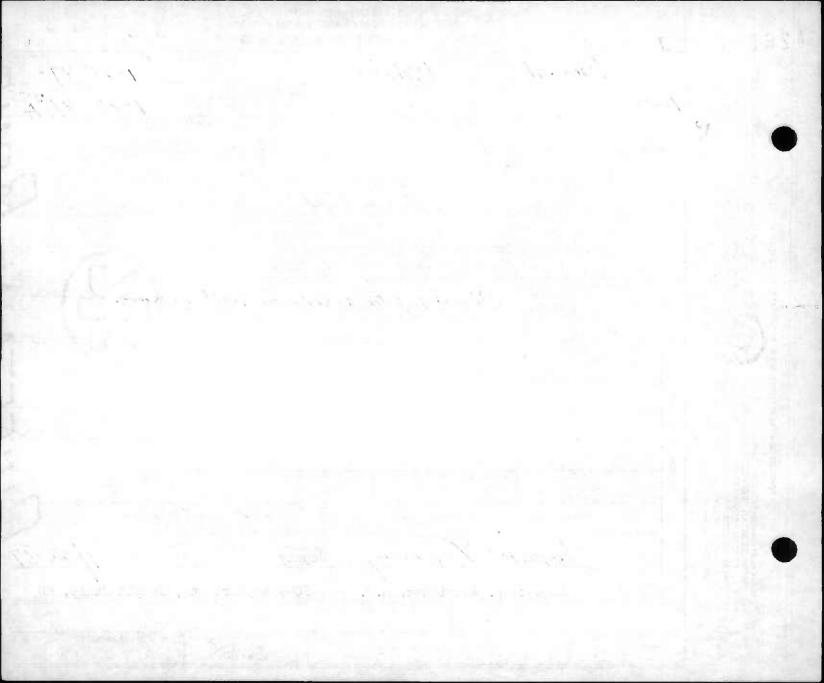
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Maryland State Hill Wilhelm 24 FUNERALDIRECTROBERT É NAME Suitland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

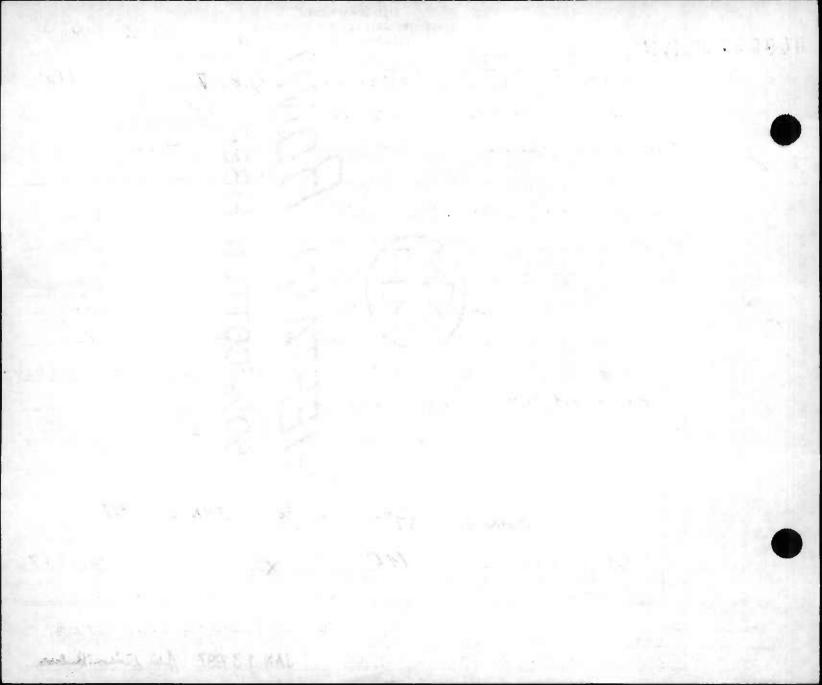


	1-	STATE REGISTRAR	DEPARI		EALTH AND MENTAL HYG	REG. NO	024	5 7
7 Q JAN	J. OVP	SEASED NAME FIRST ROSE	e C	Visce	onsin	2a DATE OF DEATH	MONTH DAY YEAR	6 BA
after o	3. SE	-	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	
W king		FEMALE RTHPLACE (STATE OR FOREIGN	Caucasian 7b. CITIZEN OF WHAT COUNTRY	Feb.		9 BALTIMORE CITY OF	YRS COUNTY OF DEATH	
25 75/		ashington, D.C.	U.S.A.	WIDOWE			peorge	MD.
686	1.	Linton	11. NAME OF HOSPITAL, NURS (INNOT INSUEM FACILITY) OF STREET	NG HOME C T ADDRESS)	PROTHER INSTITUTION	120. USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Housewife	DN 12b. KIND WORKING LIFE) INDUSTRY	OF BUSINESS OR
and but the	130. 5	Ma 136. COVA	OTHER INSTITUTION GIVE RESIDENCE BEILSTY 131 CITY OR TO	Fells	YES NO		ZIP ÇODE	20748
ampletely and 2 sl	M. FA	THER'S NAME FIRST Frank	MIDDLE LAST		15. MOTHER'S MAIDEN NAME OF THE ST. MAITY	ME	Bore	ê11•
Pages medical		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SEC (E WAR OR DATES) 577–88-		Ethel G. Wi	lliams Temp	S Janice Lar ole Hills, 1	ne Maryland
nysicio napers na she		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), o	nd (c).1		-J		XIMATE INTERVAL N ONSET AND DEATH
is since by the atter then please remave of ta burial, crematian njury, ar ather traum	ZO	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOL		NOT RELATED TO THE TERM	INAL DISEASE OR CONE	NITION GIVEN IN PART 1	100
os been Dermit. In Perior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES [
ial-transit intal Hygier		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR			
ther this c as the bur h and Me arkedor II	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC }	ZII LOCATION STREET	CITY OR TOV	vn county	STATE
CTOR: A			tal) attended the deceased from 19	8 F. or	d that in (my) (aux) apinion	death occurred on the do	te and hour and from th	, that (I) (we) last e couses stated
RAL DIRE detached ate Dept vT: If then		22b. STONATURE	Patterson	MD		MEDICAL STAF DIRECTOR PHYSIC		1 18 87
TO FUNERAL Eshauld be deto		22d. PHYS CLAN'S NAME TYPE O	Patterson	MD.	7501 Sw	vatte Rd C	leston W	
)		urial, cremation, removal specifical	1/22/87 A:	rlingt	emetery or crematory on National C	9		
- 16 60M 7/84 /RA 15, 4)		Porge P. Kalas			Hill Rd. 25m. DAT	JAN 21 108	25b. REGISTRAR'S SIGNA	TURE Pardage

STATE OF MARYLAND

100 7-15-101 Picks P. 111mm P.7-7 Harden the late of the la ACCESS TO SPORT SHALL . A Little by and include but the action

JAN 14	FOR			'E OF MARYLAND HEALTH AND MENTAL HYG	IENE O	0 0 6
JMIN LE	STATE REGISTRAR			FICATE OF DEATH	B / REG. NO.	6- 7 0
1 DECE	EASED NAME CHARLES	EDWARD EDWARD	WISEN	AAN		DAY YEAR 2b HOUR
11119	hackes	EDWARD		lemal	1/6/2	1Pn
3. SEX		4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2.
1	male.	Lehto	MONI		58 YRS	MONTHS DAYS HOURS
	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMARE CITY OR COUNTY	OFDEATH
	yland	U.S.A.	WIDOW	ED NEVER MARRIED	Prince George'	c
1 CIT	YOR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINES
Gre	enbelt		Y, GIVE STREET ADDRESS) Nursing Ho	ome	Cable Slicer	Pepco
USUAL 13a, ST	RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RES		1138 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
5 %	yland P.O		Rainier	YES K NO	3302 Otis Stree	t 20712
	HER'S NAME			15 MOTHER'S MAIDEN NA	ME	
O Jos	seph	MIDDLE Wise	eman	Dorthea	MIDDLE	oldenstroth
# 160 WA	AS DECEASED EVER IN U.S.		OCIAL SECURITY NO.	17. INFORMANT 630	8 93rd PTate,	
No	S. NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	9-03-1481	Durward Ryce		d. 20706
	18 CAUSE OF DEATH (Enter					APPROXIMATE INTERV. BETWEEN ONSET AND D
	PART I. DE ATH WAS CAU	CED BY	alec a	1 res 1		611-
	IMMED		CONSEQUENCE OF			
	Conditions, if any, which	(b) GIVE	norcle 101	i hear do	deam	Luca-
	gove rise to immediate couse (a), stoting the		CONSEQUENCE OF			1
	underlying couse last.		mo I Cler	on E let	cm;	6 mount
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 110
	Be he ar	hon,	anon	46.1		
She ony injur	90. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH
						S NO
3 8	210. ACCIDENT WAS UNDERLYING		ry Onth day year	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)
7 8	OR CONTRIBUTING CAUSE OF	DEATH	19			
w	21d. INJURY OCCURRED	21e PLACE OF INJ	URY TORY, OFFICE FARM ETC 1	21f LOCATION	CITY OR TOWN	COUNTY STA
2	WHILE NOT WHILE AT WORK	TO THE STREET, PAC	Ont, Orrige PARM ETC.)			Service Control
1	220.1 certify that (1) (this ha	spital) attended the dese	osed from DE	C 19 86	_, to_JAN 6	19_57 that (1) (w
	sow the deceosed olive obove, (I) (we) (did) (did	not view the body ofter d	eoth. 19 8 1 o	nd that in (my) (our) opinion (death accurred on the date and hou	r and from the causes stat
7	226. SIGNATURE	, Saay 5.101 W	,	DEGREE		22c. DATE SIGNED
	1. nest	un-	M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-6.19
	22d. PHYSICIAN'S MAME (TY	PE OR PRINT)		22e ADDRESS		
1 2				115 Centerwa	y, Greenbelt, Md	. 20770
7	Till Bergema	ann				
23a. BU	JRIAL, CREMATION, REMOV		23c. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	
23a. BU	JRIAL, CREMATION, REMOV				23d LOCATION CITY OR TOWN	COUNTY ST



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FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH A CERTIFICATE (2. 1	/ REG. NO.	2 4 6 1
	ILLIAN G.	WOHL	20. DAT	E OF DEATH MONTH	25 HOUR 11 00PM
3. SEX	4. RACE	5. DATE OF BIRTH		(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE	JAN. 2	6, 1904 8	32 YRS	MONTHS DAYS HOURS MIN.
O. BIRTHPLACE (STATE OR FORD COUNTRY) NEW JERSEY	U.S.A.	MARRIED L NE	DIVORCED P	IMORE CITY OF COUN RINCE GEORGE	
CHEVERLY	PR'TN'CE'CGEORG		CENTER (TYPE OF	UAL OCCUPATION WORK FOR MOST OF WORKING URSE .	176 KIND OF BUSINESS OR INDUSTRY RED CROSS
JSUAL RESIDENCE (IF NURSING 30. STATE 133 Md.		R TOWN 13d INSI	NO □ 250	EET ADDRESS / ZIP CO	
4. FATHER'S NAME FIRST GEORGE	MIDDLE GROSSM	AST	HER'S MAIDEN NAME FIRST LORA		INKNOWN LAST
(YES, NO OR UNKNOWN)	U.S. ARMED FORCES? 16b. SOCIA FYES, GIVE WAR OR DATES)	L SECURITY NO. 17. INFO	RMANT	ADDRESS	
no	548-	34-9197A BEN	FRIEDMAN	(SAME	AS ITEM #13
Conditions, if ony, we gave rise to immedicate (a), stating underlying cause PART 2 OTHER SIGNIF	of the dots. DUE TO, OR AS A CONCOST. Col.	SEQUENCE OF		SEASE OR CONDITION C	
NO DATE OF OPERATION 190. DATE OF OPERATION 190. ACCIDENT WAS UNDERLY	N 196. CONDITION FOR V	which operation was pi	YES	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAU (IF EITHER NOTHY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (the sow the deceased and obove. (1) (week that) 27b. SIGNATURE WORK 27b. SIGNATURE	AND THE PROPERTY OF THE PROPER	office farm. ETC.) 19 OFFICE FARM. ETC.) 11 LOC. 19 E ond that in	(my) (but) opinion death acc	CITY OR TOWN CITY OR TOWN CUrred on the date and h	COUNTY STATE 19 8 4 , that (11 (we) lost our and from the causes stated 221. DATE SIGNED TAN 5 , 198
NORMAN	K. BOTHER	220 ADI	ORESS 31 SUPERIOR	LANE !	Sowit, his
230 BURIAL, CREMATION, REA (SPECIFY) CREMATION	1-6-1987	CHAMBERS C		OCATION CITY OR TOWN	P.G.C. Md.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed to should be detached for use as the burial-transit permit. Then plea with the State Dept: of Health and Mental Hygiene prior to burial.

24 FUNERAL DIRECTOR CHAMBERS CO. (VRA 15, 4)

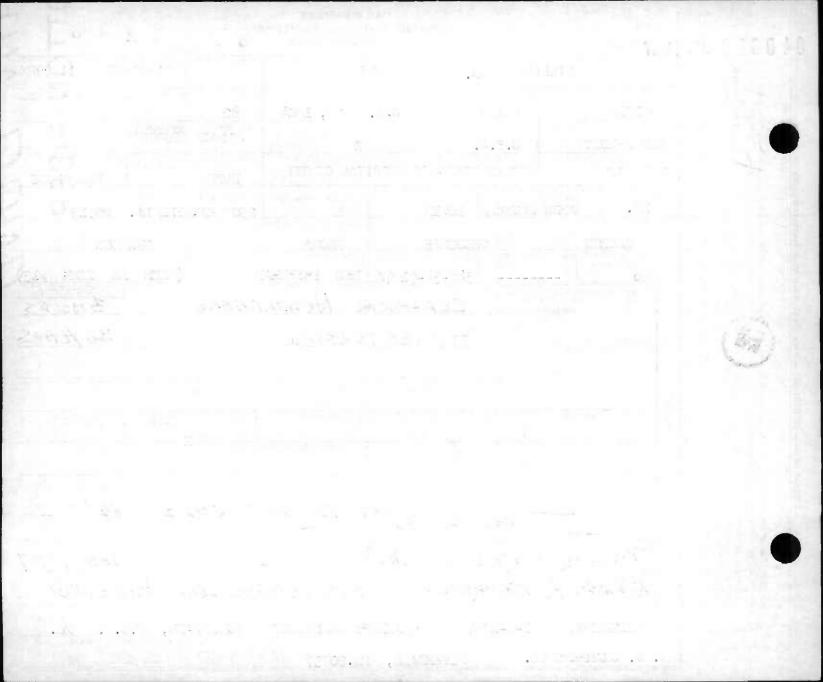
1-6-1987

CHAMBERS CREMATORY RIVERDALE, P.G.C. M. 250. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE

RIVERDALE, Md.20737

JAN 1 3 1987

Dividion Pale



(VRA 15, 4)

	-USTATE REGISTRAS		CERTIFICATE OF DEATH	8 / REG. N	10. 4
	ECEASED NAME LEA	WELL E.	Wood	TA DATE OF DEATH	N. 19, 87
3. 5	mble	CAUC.	OCT. 7, 1916	6. AGE INVENELATED	PHOATS PURCHUS BARS
35	MARYLAND	76. CETIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED WIDOWED DINORCED	DDTMOR	GEORGE'S CO.
4	CHEVERLY	11. NAME OF HOSPITAL, NURSI (P NOT IN SUCH PACIFITY, ONE STREET PRINCE GEOF		124 USUAL OCCUPAT	OF WORKING LEED INDUSTRY
BE	STATE 13k CC	G.C. HYATTSV	VN 13d INSIDE CITY LIMITS?		
4	JOHN	E. WOOD	15. MOTHER'S MAIDEN N	UDE	SHULTZ
	WAS DECEASED EVER IN U.S.	WIII 578-01-3		. WOOD S	SAME AS ITEM
	Conditions, if any, which gave rise to immediate	DUE TO, OBASE CONSEQUE	STEM WEAR	tion	
FICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	JENCE OF DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY?	100. IF YES, WERE FINDING IN CERTIFYING CAUSES
AL CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2: OTHER SIGNIFICAN PN EUM (C) 19s. DATE OF OPERATION The ACCIDENT WAS UNDERTHIS OR CONTRIBUTING (C) CAUSE OF	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO A RESPICATION FOR WHICH DEATH HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TEL PALLING COMPANY YEAR THE HOW INJURY OCCU	THE AUTOPSYT	THE IF YES, WERE FINDING
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STATE OF MARYLAND

S.J. S. BERESED DE LES TENDO The state of the s n by the funeral director, page 3 filed within 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ce should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

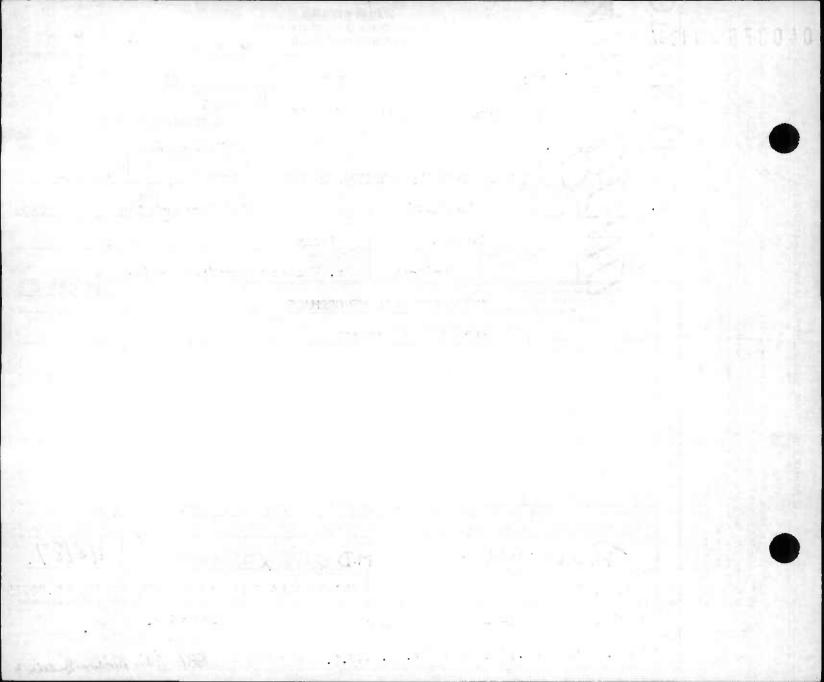
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

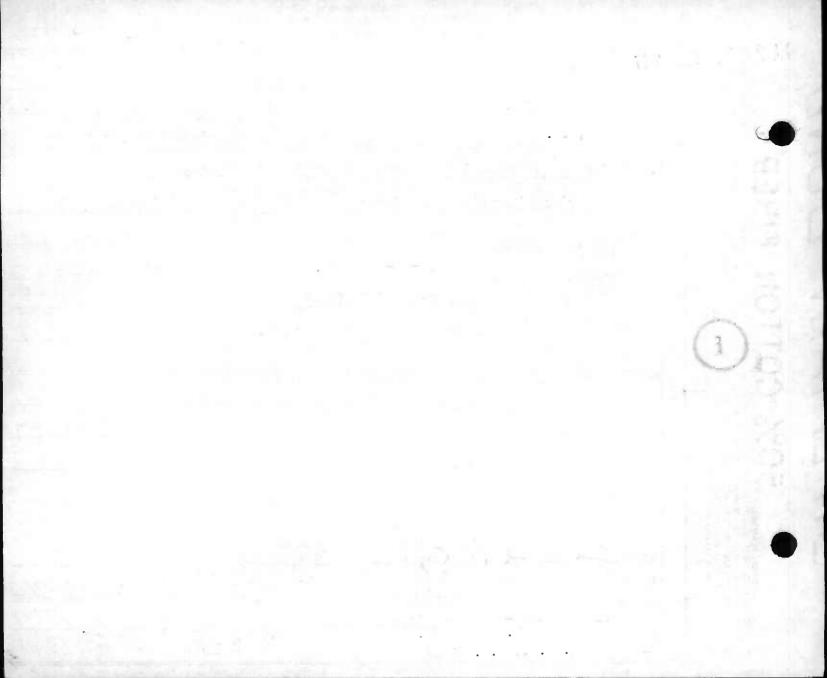
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1	218	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 8 / REG NO	0	2 7	0 0
Ì		CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
ı		EDI	TH	E		WORTHY		01	05 87	2 00P M
	3. SE)	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	FE	EMALE	Bla	ck	11	12 13	73	YRS.		, and a second
_		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	DX NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
Я	_	uisa City, Va.	USA		WIDOWE		PRINCE G	FORGE	15	MD.
7		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	3 HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12b. KIND C	F BUSINESS OR
4	(CHEVERLY /	PRINCE	GEORGE STREET A		ITAL CENTED	Retired	F WORKING LI		
J	ARST14	AL RESIDENCE LE NURSIN HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	TIAL CLIVILA		•		nown
-	_	STATE US COUP	AS,	Walddorf	1	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	3404 Accol			20601
4			MIDDLE	LAST		15. MOTHER'S MAIDEN NAM FIRST	ME		LAS	VI
4	J	immie	J	ohnson		Lilly	1989	I	Brown	
I	16a. W	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS		
	11	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	578-20-	6460	Mr. Walter	Worthy/hush	and/s	same as	13e
Ì		18 CAUSE OF DEATH (Enter on	ly one couse per	line for (a) (b) and	(c))					MATE INTERVAL
4	CERTIFICATION	Canditians, if ony, which gave rise to immediate couse (a), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, O		NCE OF	2	INAL DISEASE OR CONI	20b. IF YE	S, WERE FINDIN	NGS USED
	TIF		3000				YES NO		FYING CAUSES ES	NO [
	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	HOUR A. P. 21e. PLACE	M. MONTH DA M.	Y YEAR 19 RM, ETC	211. LOCATION STREET	CLITY OR TO		PART 1 OR PART 2)	STATE
١		22a.1 certify that (1) (this hasping sow the deceased alive on		19	12/	23 19 86 nd that in (my) (our) apinion o	, ta 15	ote and hau	-	that (I) (we) last
		obove, (1) (we) (did) (did no 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE O	una	otter death.		DEGREE ATTENDING PHYSICIAN D 122e ADDRESS	MEDICAL STAF		22c. DAJE	6187.
		DR. R. ARORA				14300 GALLAN	NT FOX LANE	#222,	, BOWIE	, MD.2071
	23a. 8	BURIAL, CREMATION, REMOVAL SPECBUTIAL	23b. DATE 1-9-8		AME OF C	emetery or crematory h	234 LOCATION Brandyw	ine,	COUNTY	STATE
	24. FU	JOHN T. Rhines	Co.,301!	5 12th St.	N.E	.,D.C. 20017 J	E REC'D. BY REGISTRAR AN 9 1987	25b. REGIST		URE



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0.1		L	REG	ISTRAR		^	MEDICAL	EXAMIN			CATEO	FOEAT	RE	G.NO.		0	
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	過いまる語	3. 9	SEX	4. RA	CE	5. DATE OF BIR	RTH YEAR	6. AGE (IN YE	ARS IF UNI	DER I YR.	IF UNDER 2		DATE	AAI	ONTH DAY	YEAR	24 HOUS
	DIR DUR DN S	13 3	Fem	ale B	lack		1890	0.7	RS. MONTH	DAYS	HOURS	MIN PRC	NOUNCED DE AD		1/30	1987	A
	SSA AL	27/10	BIRTH	PLACE (STATE OF	2	76. CITIZEN OF		NTRY?	8. MADDIE	O D NEV	ER MARRIE	9. B	ALTIMORE C	ITY OR C	OUNTY OF	DEATH	
	IH. IF ANY DELAY IS NECESSARY PLEASE 1, 2, AND 3 TO THE FUNERAL DIRECTOR. M. 3. RETAIN PAGE 5 FOR YOUR FILES, 2 SHOULD BE FILED, WITHIN 72 HOURS ITML REGORDS, 201 WPRESTON STREET,			nd sville		U	JSA		WIDOW	_	DIVORCE	DP	rince	Georg	ge's C	ounty	ME
	SEED SEED	人 10.	CITY	R TOWN OF DI	EATH	11. NAME OF	HOSPITAL, NU	IRSING HOM	E, OR OTHE	R INSTITUT	ION	12a USUAL	OCCUPATION OF WORKING LIFE	V (TYPE OF	WORK 12h K	IND OF BU	SINESS
	AL A IL		Mt.	Rainier	^	4000 -	- 36th	Street	. XXX	#20	4		tired	E)		None	
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m,	DEATH.		I	fenry		MIDDLE	Terr	V		FI	atsy		MIDDLE		Unkno	LAST	
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TI	EA-SES	/ 1	YO NES, N	D, OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	5	77-12-	9555	Me (72011	Hardo	n/sist	/		10.	
	NA PAGE	=	18.	CAUSE OF DEA	TH (Enter onl	V ORE COURS DE			,,,,,	113.	JZEII	narue	1/3150	er / 32		APPROXIMATE	INTERVAL
ST.	NEW SERVICE		1	PARTIDEATH		BY: E CAUSE (o)			ial d	iseasi	۵				BE	TWEEN ONSET	AND DEATH
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Z	ロロデッドを	NOTIFICATION.	2	None											20		
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Ō	TA HE OF	0 5		DERLYING	OR	HOUR	A.M. MONTH	DAY YEA	R ZTC. TTC	** 11430K1			COF 1147OK1 [141]	EM IO PARI	TORPARIZ)		
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNEA SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALL (MORE, MARYLAND, 21201 PRIOR TO BU	1	(TY	PE OR PRINT)	00111	S. Rog						Sprin	g, Mon	tgome	ery Co	unty,	MD
	ちからなる	230	SPECIF	L, CREMATION,			23c.	NAME OF CE				23d. LOCAT	ION		COUNTY	STA	ATE
07/84	BP			Burial		L-30-87		Linco	ln Me		1	Su	itland		Me	7	
25M	DHMH - 17	24.		RAL DIRECTOR		in T. Ri				12	750. DATE RI	CA BY REC	GISTRAR 236		AR'S SIGNA	PART 2	2
	(VR A15 ME (5))		30	15 12th	St. N.	E., D.(3. 2001	.7			1,00	U	901	The same	ist deep.	Manae.	19



and completely filled in by the funeral director, page 3 - 3 oges 1 and 2 should be lifted in a 72 hours after death

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certificate be executed within 24 hours ofter death. Page

requires that

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 **CERTIFICATE OF DEATH**

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	U	La	1	9	
REG N	0				

	CEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	7
		FRANC			UGELOWITZ	JANUARY 11,198	
3. SEX			RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS H
	Female		White		21 1915		rRS.
/ (RTHPLACE STATE OF	FOREIGN 7b.	CITIZEN OF WHAT CO	OUNTRY? 8. MARR	ED NEVER MARRIED	9 BALTIMORE CITY OR CO	
- 4	W York	ATM 11	USA NAME OF HOSPITA	WIDOV	OR OTHER INSTITUTION	PRINCE GEOR	I 12b. KIND OF B
1	Laurel	G	(IF NOT IN SUCH FACILITY, REATER LAU	REL BELTS	SVILLE HOSPITA	(TYPE OF WORK FOR MOST OF WORK	
/ 1 13n S		136 COUNTY HOWA	rd Elk	ence before admission Y OR TOWN Tidge	13d. INSIDE CITY LIMITS? YES NO 🙀	13e.STREET ADDRESS / ZIP 6370 Euchlid	
7 14 FA	THER'S NAME	MIDI	DIF	LAST	15. MOTHER'S MAIDEN N		LAST
(1)	Michael		Frankowitz		Blanche	Unknown	
/ ty	VAS DECEASED EVE (ES, NO OR UNKNOWN) NO	(IF YES, GIVE W	AR OR DATES)	-20-7902	Vincent Yeu	gelowitz 6370 E	uchlid Ave. ge. Md.2122
	18 CAUSE OF DEA PART I, DEATH V	TH (Enter only of WAS CAUSED B	1 .	o), (b), and (c).)	enterator	y lailw	APPROXIMA BETWEEN ONS
CERTIFICATION		e lost.	(c) BUO		Cerelia Vascul IT NOT RELATED TO THE TER ON WAS PERFORMED	MINAL DISEASE OR CONDITION 200 AUTOPSY? 200	IF YES, WERE FINDING
TIFIC						YES NO	CERTIFYING CAUSES OF
ICAL CER	210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEE	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MC		R	IRRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
MEDIC	21d INJURY OCCUI	RRED	21e. PLACE OF INJUI (AT HOME, STREET, FACTO	RY	211 LOCATION STREET	CITY OR TOWN	COUNTY
1	220.1 certify that ((this hospital)	ottended the deceos	1987	ond that in (my) (our) apinio	n death occurred on the date on	d hour and from the cou
	22b. SIGNATURE		Me		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [224. DATE SK
	22d PHYSICIAN'S N		INT)		Greater La	urel, Hospital	Laurel, Md.
(URIAL, CREMATION SPECIFY) Lrial	, REMOVAL	236. DATE 1-14-87		CEMETERY OR CREMATORY Ty Cemetery	CITY OF TOWN	ew York
	ary L. Ka	ufman H	uneral Hor	ne RESS	250 D.	ATE REC'D. BY REGISTRAR 255 R	EGISTRAR'S SIGNATUR

Main St. Elkridge, Maryland 21227

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TATE CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED NAME FIRST MONTH 26. HOUR TYPE OF PRINTS Dana Yost Lynn page S. DATE OF BIRTH 3 SEX 4. RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS October 14, 1961 Female Caucasian 25 To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Washington, D.C. U.S.A. Prince George's County WIDOWED O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR Southern Maryland Hospital TYPE OF WORK FOR MOST OF WORKING LIFET Clinton Student School MARYLAND 21201 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE 3356 Huntley Square Drive 13c. CITY OR TOWN Maryland P.G. Temple Hills 20748 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME AA IDD LE MIDDLE Ballard Yost, Sr. Robert Α. Barbara ADDRESS In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 577-78-3673 Barbara Strawn, Same as Line #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ici. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a PRESTON ST Conditions, if any, which gove rise to immediate couse (o), stating underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO JERMINAL DISEASE OF CONDITION GIVEN IN PART 110. CERTIFICATION 20e AUTOPSYT 196 DATE OF OPERATION 205. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21e. ACCIDENT WAS UNDERLYING. JIE TIME OF INJURY HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER HOTEY HED CALEXAMINER) 211 LOCATION 714 INJURY OCCURRED 71s. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) City de l'Ovini COUNTY 110.078 ALMON TO SECURISE 27s.1 certify that (I) fills haspital) attended the deceased from and that in (my) aur) apinion death accurred on the date and haur and from the couses stated above all (cid) (and not view the body after death. 77h SIGNATUR DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ORTANT 22e ADDRESS 23a. BURIAL, CREMATION, REMOVE

Fort Lincoln Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4) (SPECIFY)

Burial

Trunca Gregasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

01/17/87

JAN 28 1987

MaryTand

Brentwood

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